UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF PENNSYLVANIA

DR. MARKCUS KITCHENS, JR. PLAINTIFF	)	
v.	)	CIVIL ACTION NO.: 2:22-CV-03301-JMY
NATIONAL BOARD OF MEDICAL EXAMINERS, DEFENDANT	)	
SERVE VIA CLERK OF COURT: James A. Byrne U.S. Courthouse 601 Market Street, Room 2609 Philadelphia, PA 19106	)	

FIRST AMENDED COMPLAINT

Comes the Plaintiff, Dr. Markcus Kitchens Jr. pro se, and for his First Amended Complaint against Defendants National Board of Medical Examiners and hereby states as follows:

INTRODUCTION

1. This action seeks to recover injunctive relief and damages for injuries suffered by Plaintiff, Dr. Markcus Kitchens, which were the direct and proximate result of repeated discrimination based on the Americans with Disabilities Act violations in connection with Dr. Markcus Kitchens' testing accommodations during STEP 1 and STEP 2 of the USMLE Board Examination process.

PARTIES

2. Plaintiff, Dr. Markcus Kitchens Jr. (hereinafter known as "Dr. Kitchens") is a resident of Richmond, Kentucky with a residence at 625 Hampton Way Unit #2, Richmond, Kentucky, 40475.

3. Defendant, National Board of Medical Examiners (hereinafter known as "Defendant NBME" or "NBME") is headquartered at 3750 Market Street, Philadelphia, Pennsylvania, 19104. The NBME may be served by the Clerk of the Court, James A. Byrne, U.S. Courthouse, 601 Market Street, Room 2609, Philadelphia, Pennsylvania, 19106.

JURISDICTION, VENUE, AND CHOICE OF LAW

4. Plaintiff restates, re-alleges, and incorporates herein by reference, the proceeding paragraphs as if fully set forth herein.

5. The Pennsylvania District Court has subject matter jurisdiction under 28 U.S.C. § 1332. Plaintiff is a citizen of Kentucky and none of the Defendants are citizens of Kentucky for the purposes of jurisdiction, therefore, the parties are completely diverse. Further, the amount in controversy exceeds $75,000.

6. When a federal court sits in diversity, it may exercise personal jurisdiction over an out-of-state defendant only if a court of the forum state could do so. The Pennsylvania Long-Arm Statute reaches the full extent of due process.

Due Process

7. The oft-utilized three-part test for accessing the constitutionality of specific jurisdiction requires:

> First, the Defendant must purposefully avail himself of the privilege of acting in the forum state or causing a consequence in the forum state. Second, the cause of action must arise from the defendant's activities there. Finally, the acts of the defendant or consequences caused by the defendant must have a substantial enough connection with the forum state to make the exercise of jurisdiction over the defendant reasonable.

8. The Defendant purposely availed themselves of the privilege of acting within the State of Pennsylvania as this is where all the event leading to this cause of action occurred.

9. All the claims arise from the decisions made by the Defendant in the State of Pennsylvania in accommodations, grading, and scoring by Defendant and discrimination against Dr. Kitchens.

10. The acts, omissions, and consequences caused by Defendant has a substantial connection to the forum state since they either arose from the data transmitted from the forum or the torts perpetrated in the forum, or the injuries caused by actions from within the forum state.

11. For these reasons, specific jurisdiction over the Defendant is appropriate.

12. General jurisdiction is appropriate because the Defendant has such continuous and systematic contacts with the forum state by virtue of their significant business connections with the State of Pennsylvania.

Choice of Law and Venue

13. The standard for applying Pennsylvania law is whether Pennsylvania had enough contacts to justify applying Pennsylvania law. The Defendant has more than ample contacts with the forum state when decisions directly affecting Dr. Kitchens's accommodation status and/or grading his STEP board exams were conducted in Pennsylvania. Therefore, Pennsylvania law should govern.

14. Venue is proper under 28 U.S.C. 1391(b)(2) because a substantial part of the events leading up to these claims took place in the District of Pennsylvania.

FACTUAL BACKGROUND

15. At all times relevant to this complaint, Defendant NBME is a non-profit, private corporation that offers the United States Medical Licensing Examination to board-certified applicants who wish to become licensed to practice medicine in the United States.

16. At all times relevant to this complaint, Dr. Kitchens was a board-certified applicant who has a medical diagnosis of attention-deficit hyperactive disorder ("ADHD") and test anxiety.

17. From August, 2010 to December, 2014, Dr. Kitchens attended Berea College located at 101 Chestnut St., Berea, Kentucky, and received his Bachelor's of Arts.

18. On or about January, 2013, Dr. Kitchens was medically diagnosed with Attention deficit hyperactivity disorder. (See Exhibit A).

19. While a student at Berea College, Dr. Kitchens received unofficial testing accommodations for examinations administered in college. (See Exhibit B).

20. At Berea College, Dr. Kitchens received extended time as an ADA complaint accommodation for all examinations administered.

21. On or about Spring, 2013, Dr. Kitchens sat for the MCAT without ADA accommodations.

22. On October, 2015, Dr. Kitchens was accepted to the Medical University of Lublin, in Lublin, Poland.

23. From August, 2016 to January, 2021, Dr. Kitchens attended the Medical University of Lublin as an American medical student.

PX0003

24. At all times during classroom teaching, Dr. Kitchens received testing accommodations of time plus one-hundred percent (100%) (double time) during examinations.

25. On or about April 28, 2020, Dr. Kitchens was medically diagnosed with significant anxiety. (See Exhibit C).

26. On January 4, 2021, Dr. Kitchens graduated from the Medical University of Lublin.

27. On or about December 2020, Dr. Kitchens sat for the Comprehensive Basic Science Self-Assessment (hereinafter "CBSCI") with accommodations. (See Exhibit D).

28. On October 13, 2021, Dr. Kitchens applied for accommodations with the USMLE STEP board exams, specifically, additional time, due to disability.

29. In his application for accommodations, Dr. Kitchens included the following:

a. A note from his primary care physician, Ghori S. Khan, MD. (See Exhibit E); and

b. Treatment notes dating back to October 5, 2020. (See Exhibit F).

30. On February 8, 2022, Dr. Kitchens' accommodation application was denied. As grounds for their denial, Defendant NBME stated that "you have not shown your requested accommodations are necessary for you to access the USMLE." (See Exhibit G).

31. On or about August 30, 2022, Dr. Kitchens applied for testing accommodations a second time.

32. In his application for accommodations, Dr. Kitchens included the following:

a. The formal application request form through USMLE. (See Exhibit H);

b. Multiple treatment notes dating back to 2017. (See Exhibit J);

c. The confirmation page received when he applied for the CBSI. (See Exhibit K); and

d. A personal statement detailing his longstanding diagnoses of ADHD and severe test anxiety. (See Exhibit L).

33. On or about August 30, 2022, Dr. Kitchens accommodation application was denied. (See Exhibit M).

34. At all times relevant to this Complaint, Dr. Kitchens was subject to discriminatory actions by denial of his ADA test accommodations.

35. Dr. Kitchens hereby incorporates each General Allegation into each Count below.

CAUSES OF ACTION

COUNT I VIOLATION OF 28 CFR § 36.309 (DEFENDANT NBME)

36. Dr. Kitchens hereby incorporates the allegations set forth in paragraphs 1-34 as if fully set forth herein.

37. Title III of the ADA provides

> "any private entity that offers examinations or courses related to applications, licensing, certification, or credentialing for secondary or postsecondary education, professional, or trade purposes shall offer such examinations or courses in a place and manner accessible to persons with disabilities or offer alternative accessible arrangements."

38. 28 C.F.R. 36.309 defines a 'disability' as

a. "A physical or mental impairment that substantially limits one or more of the major life activities of such individual;

b. A record of such impairment; or

c. Being regarded as having such an impairment."[1]

39. To establish a disability under Title III of the ADA, the plaintiff must show that he meets *any* one of these three tests. (Emphasis added).

40. The plaintiff must show that he has an impairment, identify the life activity that he claims is limited by the impairment, or prove that the limitation is substantial.

41. Defendant NBME has a duty to grant accommodations when a disability is demonstrated.

42. Defendant NBME reviewed Dr. Kitchens's application for testing accommodations pursuant to Title III of the ADA and denied same.

43. 28 CFR 36.309(b)(1)(v) states "when considering requests for modifications [or] accommodations… the testing entity gives *considerable* weight to documentation of past modifications, accommodations, or auxiliary aids or services received in similar testing situations…." (Emphasis added).

44. Defendant NBME's denial for accommodations discriminated against Dr. Kitchens's disability by denying him benefits of services needed to fully participate in the STEP 1 and STEP 2 process.

[1] 42 U.S.C. §12102(2).

45. Defendant NBME's denial of Dr. Kitchens's benefits was by reason of his disability.

46. Dr. Kitchens has a longstanding history of mental impairment that substantially limits a major life activity that has been recorded and regarded as having an impairment.

47. Dr. Kitchens's mental impairment substantially limits major life activities including but not limited to learning, reading, concentrating, thinking, communicating and working.

48. Pursuant to 28 CFR 36.105(2)(b)(1)(ii) Dr. Kitchens has demonstrated a mental disorder by providing medical and administrative documentation of ADHD and test anxiety.

49. Pursuant to 28 CFR 36.105(3)(c)(1)(i) major life activities include "... learning, reading, concentrating, thinking, writing, … and working…." Dr. Kitchens has demonstrated a longstanding history of impairment to the major life activities listed above.

50. Lastly, pursuant to 28 CFR 36.105(3)(d)(1)(v), "an impairment is a disability if it substantially limits the ability of an individual to perform a major life activity *as compared to most people* in the general population. An impairment does not need to prevent, or significantly or severely restrict, the individual from performing a major life activity to be considered substantially limiting."

51. Dr. Kitchens's mental impairment has been diagnosed and documented in his medical records before, during, and after his academic career.

52. Dr. Kitchens' diagnoses of ADHD and test anxiety substantially limits his ability to sit for standardized examinations in academic and professional settings as compared to most people in the general population to such a degree it can be considered a disability.

53. As a direct and proximate cause of the discrimination by Defendant NBME, Dr. Kitchens suffered injuries to his professional career and reputation in the medical community.

54. Dr. Kitchens has suffered physical and mental injuries as a result of the injuries to his professional career and reputation.

55. It is reasonably certain that Dr. Kitchens has and will continue to sustain real injuries given the permanent nature of Dr. Kitchens's testing transcript.

56. Therefore, Defendant NBME violated 28 CFR §36.309 and has caused Dr. Kitchens to suffer real and actual damages for an amount to be determined at trial.

WHEREFORE, Dr. Kitchens respectfully requests the following:

A. A bench trial on all matters triable by jury as a matter of right;

B. Equitable relief as determined at trial;

C. Injunctive relief according to proof;

D. Plaintiff's costs herein expended; and

E. Any and all other relief to which the Plaintiffs may be entitled.

Respectfully Submitted,

/s/ Dr. Markcus Kitchens

Dr. Markcus Kitchens
625 Hampton Way, #2
Richmond, KY 40475
T: (423) 314-4096
markzwanz@gmail.com
Pro Se Plaintiff

VERIFICATION

I, Dr. Markcus Kitchens, Jr., hereby verifies that the above information contained in the Verified Complaint above is true and accurate to the best of our knowledge and belief.

Dr. Markcus Kitchens, Jr.

STATE OF KENTUCKY)
COUNTY OF MADISON)

Subscribed and sworn to before me, a Notary Public, in and for said County, by Dr. Kitchens, on the 15th day of January, 2023.

My Commission Expires: 7/19/26

Notary Public

KYNP55542

AMELIA LOU KITCHENS
Notary Public
Commonwealth of Kentucky
Commission Number KYNP55542
My Commission Expires Jul 19, 2026

PX0008

United States Medical Licensing Examination® (USMLE®)

REQUEST FOR TEST ACCOMMODATIONS

Use this form if you are requesting accommodations on the USMLE for the first time.

The National Board of Medical Examiners® (NBME®) processes requests for test accommodations on behalf of the USMLE program

If you have a documented disability covered under the Americans with Disabilities Act (ADA), you must notify the USMLE in writing each time you apply for a Step examination for which you require test accommodations. Submitting this form constitutes your official notification.

- Review the USMLE Guidelines for Test Accommodations at www.usmle.org/test-accommodations/ for a detailed description of how to document a need for accommodations.
- Complete all sections of this request form; submit the form and all required documentation to Disability Services. In order to begin processing your request, you must have a completed registration for the USMLE Step exam for which you are requesting accommodations.
- NBME will acknowledge receipt of your request by e-mail and audit your submission for completeness. If you do not receive an e-mail acknowledgement within two business days of submitting your request, please contact Disability Services at 215-590-9700 or disabilityservices@nbme.org. You may be asked to submit additional documentation to complete your request.
- **Requests are processed in the order in which they are received. Processing cannot begin until sufficient information is received by NBME and your Step exam registration is complete. Allow at least 60 business days for processing of your request.**
- The outcome of our review will not be released via telephone. All official communications regarding your request will be made in writing. If you wish to modify or withdraw a request for test accommodations, contact Disability Services by e-mail at disabilityservices@nbme.org or by telephone at 215-590-9700.

As explained in the Guidelines to Request Test Accommodations (www.usmle.org/test-accommodations/), you MUST provide supporting documentation verifying your current functional impairment.

Submit the following with this form:

- ✓ A **personal statement** describing your disability and its impact on your daily life and educational functioning.
- ✓ A completed **Certification of Prior Test Accommodations** form if you received test accommodations in medical school/residency.
- ✓ A **complete and comprehensive evaluation** from a qualified professional documenting your disability.
- ✓ **Supporting documentation** such as academic records; score transcripts for previous standardized exams; verification of prior academic/test accommodations; relevant medical records; previous psycho-educational evaluations; faculty or supervisor feedback; job performance evaluations; clerkship/clinical course evaluations; etc.

EXHIBIT

PX02

exhibitsticker.com

PX0009

Section A: Exam Information

Place a check next to the examination(s) for which you are **currently registered** ***and*** requesting test accommodations: (Check all that apply)

- [x] Step 1
- [ ] Step 2 CK (Clinical Knowledge)
- [ ] Step 3*

*Please be aware that additional test time for Step 3 may involve 3 to 5 days of testing, depending on the requested accommodation (See Section C2).

Section B: Biographical Information
Please type or print.

B1. Name: Kitchens (Last) Markus (First) Z (Middle Initial)

B2. Date of Birth: 01-26-1992

B3. USMLE # [redacted] (required)

B4. Address: 625 Hampton Way #2
Street

Richmond (City) KY (State/Province) 40475 (Zip/Postal Code)

USA
Country

[redacted]
Preferred Telephone Number

MarkZwanz@gmail.com
E-mail address

B5. Medical School Name: Medical University of Lublin

Country of Medical School: Poland Date of Medical School Graduation: 01/21

Section C: Accommodations Information

C1. Do you require wheelchair access at the examination facility? ☐ Yes ☑ No
If yes, please indicate the number of inches required from the bottom of the table to the floor: _____

C2. Step 1, Step 2 CK, or Step 3 (computer-based examinations)

Check the appropriate box to indicate the accommodations you are requesting for the exam(s) for which you are currently registered:

STEP 1: Check ONLY ONE box

Additional Break Time	Additional Testing Time
☐ Additional break time **over 1 day**	☐ 25% Additional test time (Time and 1/4) **over 2 days**
☑ Additional break time **over 2 days**	☐ 50% Additional test time (Time and 1/2) **over 2 days**
	☑ 100% Additional test time (Double time) **over 2 days**

☐ Additional break time and 50% Additional test time (Time and 1/2) **over 2 days**

STEP 2 CK: Check ONLY ONE box

Additional Break Time	Additional Testing Time
☐ Additional break time **over 2 days**	☐ 25% Additional test time (Time and 1/4) **over 2 days**
	☐ 50% Additional test time (Time and 1/2) **over 2 days**
	☐ 100% Additional test time (Double time) **over 2 days**

☐ Additional break time and 50% Additional test time (Time and 1/2) **over 2 days**

STEP 3: Check ONLY ONE box

Additional Break Time	Additional Testing Time
☐ Additional break time **over 4 days**	☐ 25% Additional test time (Time and 1/4) **over 3 days**
	☐ 50% Additional test time (Time and 1/2) **over 4 days**
	☐ 100% Additional test time (Double time) **over 5 days**

☐ Additional break time and 50% Additional test time (Time and 1/2) **over 4 days**

Describe any other accommodation(s) you are requesting for **Step 1**, **Step 2 CK**, or **Step 3**.

_____

_____

_____

_____

Section D: Information About Your Impairment

D1. List the **specific DSM/ICD diagnostic code(s) and disability** for which you are requesting accommodations and report the year that it was **first** diagnosed.

DIAGNOSTIC CODE	DISABILITY	YEAR DIAGNOSED
F90.9	ADHD	2013
F41.9	Test Anxiety	2018

D2. Personal Statement

Attach a signed and dated personal statement describing your impairment(s) and how a major life activity is substantially limited. The personal statement is your opportunity to tell us how your physical or mental impairment(s) substantially limits your current functioning in a major life activity and how the standard examination conditions are insufficient for your needs. In your own words, describe the impact of your disability on your daily life (do not confine your statement to standardized test performance) and provide a rationale for why the specific accommodation(s) you are requesting are necessary in the context of this examination.

Section E: Accommodation History

E1. Standardized Examinations

Attach copies of your score report(s) for any previous standardized examination taken.

If accommodations were provided, attach official documentation from each testing agency confirming the test accommodations they provided.

List the accommodations received for previous standardized examinations such as college, graduate, or professional school admissions tests and professional licensure or certification examinations (if no accommodations were provided, write NONE).

	DATE(S) ADMINISTERED	ACCOMMODATION(S) PROVIDED
☐ SAT®, ACT®		None (wasn't diagnosed)
☐ MCAT®		NONE (didn't know I could)
☐ GRE®		
☐ GMAT®		
☐ LSAT®		
☐ DAT®		
☐ COMLEX®		
☐ Other (specify)		

E2. Postsecondary Education

List each school and all formal accommodations you receive/received, and the dates accommodations were provided:

Attach copies of official records from each school(s) confirming the accommodations they provided.

If you receive/received accommodations in medical school and/or residency, have the appropriate official at your medical school/residency complete the USMLE Certification of Prior Test Accommodations form available at www.usmle.org/test-accommodations/forms.html.

	SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
Medical/Graduate/ Professional School			
Undergraduate School	Berea College		

E3. Primary and Secondary School

List each school and all formal accommodations you received, and the dates accommodations were provided:

Attach copies of official records from each school listed confirming the accommodations they provided.

	SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
High School	Tyner Academy	N/A	wasn't diagnosed yet
Middle School	Tyner Middle Academy	N/A	Wasn't diagnosed yet
Elementary School	Best T. Shepherd	N/A	Wasn't diagnosed yet

Section F: Certification and Authorization

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBME sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.

I acknowledge and agree that any information submitted by me or on my behalf may be used by the USMLE program for the following purposes:

- Evaluating my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the USMLE program will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

I further understand that the USMLE reserves the right to take action, as described in the Bulletin of Information, if it determines that false information or false statements have been presented on this request form or in connection with my request for test accommodations.

Name (print): Markus Kitchens Jr.

Signature: M. K. Date: 10-13-21

Submitting Your Completed Request Form and Supporting Documentation:
(Do Not Send duplicate documents and Do Not Send by multiple methods as this will delay processing)

- **Due to business restrictions in Philadelphia because of COVID-19 please submit your request form and supporting documentation via E-mail or Fax.**
- **Requests sent to us via mail may be delayed.**
- **E-mail: Maximum file size is 15 MB (including text in body of email, headers and all attachments). Files larger than 15 MB may require separate emails. All attachments must be in PDF format. Please scan your documents into as few PDF's as possible. Photographs of Personal Items may be in digital format such as JPEGs/JPGs. We are not able to access embedded links.**
- **Fax or Mail: Submit your completed request form and supporting documents to the address below once you register for your exam.**
- **DO NOT bind, staple, paper clip, or tab documents as this may delay processing.**

Disability Services
NBME
3750 Market Street
Philadelphia, PA 19104-3190
Telephone: (215) 590-9700
Facsimile: (215) 590-9422
E-mail: disabilityservices@nbme.org

To Whom It May Concern:

My name is Markcus Kitchens, Jr. and I'm in the process of registering for the USMLE Step 1 Examination. I am writing this letter to request accommodations, specifically extended time, due to being diagnosed Attention-Deficit Hyperactivity Disorder and severe test anxiety.

Pursuant to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a person may be considered disabled if he 1) has a physical or mental condition that substantially limits one or more major life activity(ies); 2) has a record of such physical or mental condition; and/or 3) is regarded as having such an impairment. For students with documented disabilities, reasonable accommodations are adjustments that allows for qualified students to have an equal opportunity to succeed without barrier(s).

As an individual with ADHD and severe test anxiety, standardized exams have often presented challenges to my capacity as a student as well as a professional. When exam scores are used as a metric for whether a candidate is qualified, for a person like myself, it reflects my ability to take an exam rather than my comprehensive understanding of the material. In order to better reflect my abilities, I am requesting additional time to complete the exam. The additional time will maximize my ability to achieve my highest quality of work by decreasing my anxiety, and increase my focus. While in university, I never had the need to file an official documentation for my situation due to my professors willingness to take my exams one on one with extended time. Included in my application is a letter from my primary care physician outlining the severity of my symptoms and need for extended time an. Also, in the application you will notice my current medication list for my ADHD and Test Anxiety.

Thank you and I look forward to hearing from you soon!

Regards,

Markcus Kitchens

Northwestern Medicine

April 22, 2020

Markcus Kitchens
806 Fotis Dr.
Apt #1
Dekalb IL 60115

To whom it may concern ;

This is to certify that Marcus kitchens is my patient, he has significant anxiety and is under my treatment. I will suggest exam coordinators to provide him some relaxation allowed in the rules so that it will be easier on him to undergo the exam.

If you have any questions please do not hesitate to call me

Thank you for including us as members of your health care team.

Sincerely,

Ghori S. Khan, MD

1850 GATEWAY DRIVE
SYCAMORE IL 60178-3192
Phone: 815-758-8671
Fax: 815-756-4892

10/05/2020 - Office Visit in NM Dermatology (continued)

Provider Progress Notes (continued)

Prompt	Yes/No	Diagnosis	Comments	Date
No relevant medical history.				

No Known Allergies

PAST MEDICAL HISTORY:

Past Medical History:

Diagnosis	Date
• ADHD	2013

Past Surgical History:

Procedure	Laterality	Date
• WISDOM TOOTH EXTRACTION *All 4*		2009

FAMILY HISTORY:

Family History

Problem	Relation	Age of Onset
• No Known Problems	Mother	
• No Known Problems	Father	
• No Known Problems	Sister	
• No Known Problems	Brother	

SOCIAL HISTORY:

Social History

Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
Substance Use Topics	
• Alcohol use:	Never
Frequency:	Never

Occupation: medial student

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• busPIRone 5 mg tablet	Take 1 tablet by mouth 2 (two) times daily as needed for other (Anxiety).	60 tablet	2
• dextroamphetamine-amphetamine 15 mg tablet	Take 1 tablet by mouth daily. TK 1 T PO BID	60 tablet	0
• MEN'S MULTI-VITAMIN ORAL	Take by mouth.		

No current facility-administered medications on file prior to visit.

PULSE OXIMETRY/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
4:38 PM	99								

MEASURED BY

Time	Measured by
4:38 PM	Hazel Bray, CMA

Physical Exam

Exam	Findings	Details
General Exam	Comments	tall thin in NAD
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
PHQ-9 completed				Mild depression	7		

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Attention-deficit hyperactivity disorder, unspecified type (F90.9).
	Plan Orders	Referrals: Mental Health Counselor. Evaluate and treat.
2.	Assessment	Anxiety (F41.9).
3.	Other Orders	Orders not associated to today's assessments.
	Plan Orders	The patient had the following procedure(s) completed today PHQ-9 completed..

Status	Ordered	Order	Timeframe	actComments
ordered	05/25/2018	Referrals: Mental Health Counselor. Evaluate and treat		please evaulate and give opinon about the need for emotional service dogs;

Medications *(Added, Continued or Stopped this visit)*

Started	Medication	Directions	Instruction	Stopped
	loperamide 2 mg capsule	take 2 capsule by oral route after 1st loose stool, followed by 1 capsule after each subsequent loose stool not to exceed 16 mg/day		
	ondansetron 4 mg disintegrating tablet	take 1 tablet by oral route every 6 hours for 2 days and place on top of the tongue where it will dissolve, then		

swallow

Provider: Vicki Hackman MD 05/25/2018 05:05 PM

Vicki L Hackman MD.

Document generated by: Vicki Hackman 05/25/2018 05:05 PM

Electronically signed by Vicki Hackman MD on 05/27/2018 12:11 PM

PX0019

WHITE HOUSE CLINICS

PATIENT: Markcus Kitchens
DATE OF BIRTH: [redacted]
DATE: 07/26/2017 09:21 AM
HISTORIAN: self
VISIT TYPE: Office Visit
PROVIDER: Vicki Hackman, MD

This 25 year old male presents for med refill.

History of Present Illness:

1. med refill
last seen 2/2016;
finished 1st year of med school; working with daniel lee in richond and leaves in september to go back; has 1 more year there at basic science and 2 y of clinical ;
on adderal since 2014;
says he was focusing better on adderall;

Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt oz	Wt kg	Weight %	BMI kg/m2	BMI %	BSA m2	O2 Sat%
9:30 AM	100/62	73	18	97.50	5.0	11.00	180.34	140.00		63.503		19.53	0		98

MEASURED BY

Time	Measured by
9:30 AM	Hazel Bray, CMA

PX0020

Physical Exam

Exam	Findings	Details
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Attention and concentration deficit (R41.840).
	Provider Plan	is asking me to write an rx for adderall; he is leaving for poland in september; He says poland does not prescribe adderall for ADHD but was told if he had an MD here to write a letter, he could get it there. I told him I could not do that but I could refer him to a specialist for evaluation and get their opinion about him needing the medication. He was not happy with this; says he was seeing colleen and then Dr David was writing his rx and he brought in a bottle dated 2016 as last rx.
	Plan Orders	Referrals: Psychiatry. Evaluate and treat.

Status	Ordered	Order	Timeframe	actComments
ordered	07/26/2017	Referrals: Psychiatry. Evaluate and treat		needs evaluated for ADHD; is going overseas in september and has been on adderall in past; please evaluate ; needs recommendations and treatment

Provider: Vicki Hackman MD 07/26/2017 10:00 AM

Vicki L Hackman MD.

Document generated by: Vicki Hackman 07/26/2017 10:00 AM

PX0021

From: donotreply@prometric.com
Subject: Appointment Confirmation
Date: Oct 27, 2020 at 10:48:28 AM
To: [redacted]

To: Markcus Zwanz KITCHENS
2
2 ILLINOIS 11111
UNITED STATES

Date: 27 Oct 2020

North America

Subject: Confirmation of computer-based **Comprehensive Basic Science,#0000000094927214**

Your appointment for the computer-based **Comprehensive Basic Science** is confirmed Please find the confirmation details that follow:

Confirmation:	**0000000094927214**
Program:	**NBME Subject Examination Program**
Exam Code:	**CBSCI**
	Comprehensive Basic Science
Exam Date:	**10 Dec 2020**
Exam Time:	**08:00**

Prometric Test Center: # 3201
De Kalb - Sycamore
1830 Mediterranean Dr
Suite 201
Sycamore ILLINOIS 60178
UNITED STATES

TEST ACCOMMODATIONS

Extended Time

GLOBAL TEST CENTER SECURITY PROCEDURES

Prometric takes our role of providing a secure test environment seriously During the check-in process, we inspect any and all eyeglasses, jewelry and other accessories to look for camera devices that could be used to capture exam content

- You will be required to remove your eyeglasses for close visual inspection These inspections will take a few seconds and will be done at check-in and again upon return from breaks before you enter the testing room to ensure you do not violate any security protocol
- Jewelry outside of wedding and engagement rings is prohibited Please do not wear other jewelry to the test center Hair accessories, ties and bowties are subject to inspection Please refrain from using ornate clips, combs, barrettes, headbands, tie clips, cuff links and other accessories as you may be prohibited from wearing them into the testing room and asked to store them in your locker Violation of security protocol may result in the confiscation of prohibited devices and termination of your exam

IDENTIFICATION POLICY

You must bring your Scheduling Permit, or present it electronically (e g , via Smartphone), to the test center, along with your required identification in order to take your exam Review your Scheduling Permit for complete details *This email is NOT your Scheduling Permit
To access your Scheduling Permit, go to http://examinee nbme org/documents/mss We strongly encourage you to print your Scheduling Permit at least several days in advance of your scheduled appointment to avoid any problems accessing or printing your permit on test day

Important Note: In order to be admitted to the exam on test day, your name as it appears on your Scheduling Permit must EXACTLY MATCH the name on the identification you plan to present at the testing center on test day If the name listed on your permit is misspelled or differs from your name as it appears on your identification, immediately contact your institution In order to receive a revised scheduling permit your institution MUST submit your name change or correction more than 7 business days prior to your scheduled test date

RESCHEDULE / CANCEL POLICY

If you need to change (e g , reschedule, cancel, change test center location) your appointment, you must go to http://www prometric com/MSS

The date that you change your appointment, using Eastern Standard Time in the United States, will determine whether you pay an appointment change fee and the amount of this fee:

- If you change your appointment 15 or more days before (but not including) the first day of your scheduled test date, there is no fee
- If you change your appointment fewer than 15 days but more than 5 days before (but not including) the first day of your scheduled test date, the fee is $30 US Dollars (USD)
- If you change your appointment 5 or fewer days before (but not including) the first day of your scheduled test date, the fee is $63 00 USD

NOTE: If you do not test as scheduled, your eligibility will be terminated and you must submit a new application

DRIVING DIRECTIONS

I-88 W (signs for I 88 South Toll way/Aurora/I-294) Take the Peace Rd exit toward IL-38 Turn right on to Peace Rd Turn left at the light on Bethany Turn right onto Mediterrean Dr The destination will be on the right, in the same parking lot as Cadence Health, we are in the front of the building

ADDITIONAL INFORMATION

- TEST DAY ARRIVAL: Report to the test center 30 minutes before your scheduled appointment for check-in procedures If you arrive later than your scheduled appointment, you may not be admitted If you arrive more than 30 minutes after your scheduled appointment, you will not be admitted to the testing center
Though the site provides noise reducing headphones, you are encouraged to bring your own cordless soft-foam earplugs (subject to inspection)
IF CENTER NOT ABLE TO TEST: In the event that the test center becomes unavailable on your scheduled test date, we will attempt to notify you in advance and schedule you for a different time and/or center However, on occasion, we may need to reschedule your appointment at the last minute We strongly encourage you to check your voicemail and email prior to leaving for your appointment on test day, particularly during inclement weather You may also call the test center directly or go to www prometric com to ch eck for weather-related closings

TEST CENTER REGULATIONS: For a full listing of Prometric Testing Center Regulations and other FAQ's please visit the Prometric website at http://www prometric com/TestTakers/FAQs /default htm
There is a 15 minute scheduled/authorized break between sections two and three You are encouraged to take a break at this time During the authorized break, you are permitted to access your locker

You are advised not to take a personal break at any other time during the examination If you must use the restroom, you may do so However, you may not access your locker Accessing electronic devices, such as cell phones, books, or study materials from your locker is prohibited If you must obtain medicine or a food/drink item, notify Prometric staff before doing so If Prometric staff are not notified and observe you accessing personal belongings you may be reported for irregular behavior You are not permitted to make n otes on your note board prior to starting your test You are not permitted to leave the test center area at any time that your test is in session unless the test center is evacuated because of an emergency situation In the event the test center is evacuated, you may not access personal belongings or discuss examination content with other test takers You are required to review and follow the Prometric test center regulations that are provided to you to read during the check-in process

Important Guidelines for testing During COVID-19

https://prometric-4562417 hs-sites com/?hs_preview=KhVSEZiH-30068366739

PERSONAL DATA COLLECTION & PROCESSING

You have consented to the collection and processing of your Personal Data, and biometrics, where required by your Test Sponsor

Sincerely,

North America
Prometric
www prometric com

United States Medical Licensing Examination® (USMLE®)

REQUEST FOR TEST ACCOMMODATIONS

Use this form if you are requesting accommodations on the USMLE for the first time.

The National Board of Medical Examiners® (NBME®) processes requests for test accommodations on behalf of the USMLE program

If you have a documented disability covered under the Americans with Disabilities Act (ADA), you must notify the USMLE in writing each time you apply for a Step examination for which you require test accommodations. Submitting this form constitutes your official notification.

- Review the USMLE Guidelines for Test Accommodations at www.usmle.org/test-accommodations/ for a detailed description of how to document a need for accommodations.
- Complete all sections of this request form; submit the form and all required documentation to Disability Services. In order to begin processing your request, you must have a completed registration for the USMLE Step exam for which you are requesting accommodations.
- NBME will acknowledge receipt of your request by e-mail and audit your submission for completeness. If you do not receive an e-mail acknowledgement within two business days of submitting your request, please contact Disability Services at 215-590-9700 or disabilityservices@nbme.org. You may be asked to submit additional documentation to complete your request.
- **Requests are processed in the order in which they are received. Processing cannot begin until sufficient information is received by NBME and your Step exam registration is complete. Allow at least 60 business days for processing of your request**.
- The outcome of our review will not be released via telephone. All official communications regarding your request will be made in writing. If you wish to modify or withdraw a request for test accommodations, contact Disability Services by e-mail at disabilityservices@nbme.org or by telephone at 215-590-9700.

As explained in the Guidelines to Request Test Accommodations (www.usmle.org/test-accommodations/), you MUST provide supporting documentation verifying your current functional impairment.

Submit the following with this form:

- ✓ A **personal statement** describing your disability and its impact on your daily life and educational functioning.
- ✓ A completed **Certification of Prior Test Accommodations** form if you received test accommodations in medical school/residency.
- ✓ A **complete and comprehensive evaluation** from a qualified professional documenting your disability.
- ✓ **Supporting documentation** such as academic records; score transcripts for previous standardized exams; verification of prior academic/test accommodations; relevant medical records; previous psycho-educational evaluations; faculty or supervisor feedback; job performance evaluations; clerkship/clinical course evaluations; etc.

EXHIBIT

PX03

exhibitsticker.com

USMLE® Request for Test Accommodations

Section A: Exam Information

Place a check next to the examination(s) for which you are **currently registered** ***and*** requesting test accommodations: (Check all that apply)

- [x] Step 1
- [ ] Step 2 CK (Clinical Knowledge)
- [ ] Step 3*

*Please be aware that additional test time for Step 3 may involve 3 to 5 days of testing, depending on the requested accommodation (See Section C2).

Section B: Biographical Information

Please type or print.

B1. Name: Kitchens (Last) Markus (First) Z (Middle Initial)

B2. Date of Birth: 01-26-1992

B3. USMLE # 1-074-081-9 (required)

B4. Address:

625 Hampton way #2
Street

Richmond KY 40475
City State/Province Zip/Postal Code

USA
Country

423-314-4096
Preferred Telephone Number

MARKZWANZ@gmail.com
E-mail address

B5. Medical School Name: Medical University of Lublin

Country of Medical School: Poland Date of Medical School Graduation: 01/21

Section C: Accommodations Information

C1. Do you require wheelchair access at the examination facility? ☐ Yes ☑ No
If yes, please indicate the number of inches required from the bottom of the table to the floor: _____

C2. Step 1, Step 2 CK, or Step 3 (computer-based examinations)

Check the appropriate box to indicate the accommodations you are requesting for the exam(s) for which you are currently registered:

STEP 1: Check ONLY ONE box

Additional Break Time
- ☐ Additional break time **over 1 day**
- ☒ Additional break time **over 2 days**

Additional Testing Time
- ☐ 25% Additional test time (Time and 1/4) **over 2 days**
- ☒ 50% Additional test time (Time and 1/2) **over 2 days**
- ☐ 100% Additional test time (Double time) **over 2 days**

☐ Additional break time and 50% Additional test time (Time and 1/2) **over 2 days**

STEP 2 CK: Check ONLY ONE box

Additional Break Time
- ☐ Additional break time **over 2 days**

Additional Testing Time
- ☐ 25% Additional test time (Time and 1/4) **over 2 days**
- ☐ 50% Additional test time (Time and 1/2) **over 2 days**
- ☐ 100% Additional test time (Double time) **over 2 days**

☐ Additional break time and 50% Additional test time (Time and 1/2) **over 2 days**

STEP 3: Check ONLY ONE box

Additional Break Time
- ☐ Additional break time **over 4 days**

Additional Testing Time
- ☐ 25% Additional test time (Time and 1/4) **over 3 days**
- ☐ 50% Additional test time (Time and 1/2) **over 4 days**
- ☐ 100% Additional test time (Double time) **over 5 days**

☐ Additional break time and 50% Additional test time (Time and 1/2) **over 4 days**

Describe any other accommodation(s) you are requesting for **Step 1**, **Step 2 CK**, or **Step 3**.

_____

_____

_____

_____

Section D: Information About Your Impairment

D1. List the **specific DSM/ICD diagnostic code(s) and disability** for which you are requesting accommodations and report the year that it was **first** diagnosed.

DIAGNOSTIC CODE	DISABILITY	YEAR DIAGNOSED
F90.9	ADHD	2013
F41.9	Test Anxiety	2018

D2. Personal Statement

Attach a signed and dated personal statement describing your impairment(s) and how a major life activity is substantially limited. The personal statement is your opportunity to tell us how your physical or mental impairment(s) substantially limits your current functioning in a major life activity and how the standard examination conditions are insufficient for your needs. In your own words, describe the impact of your disability on your daily life (do not confine your statement to standardized test performance) and provide a rationale for why the specific accommodation(s) you are requesting are necessary in the context of this examination.

Section E: Accommodation History

E1. Standardized Examinations

Attach copies of your score report(s) for any previous standardized examination taken.

If accommodations were provided, attach official documentation from each testing agency confirming the test accommodations they provided.

List the accommodations received for previous standardized examinations such as college, graduate, or professional school admissions tests and professional licensure or certification examinations (if no accommodations were provided, write NONE).

	DATE(S) ADMINISTERED	ACCOMMODATION(S) PROVIDED
☐ SAT®, ACT®		Was not diagnosed yet
☐ MCAT®		Was not diagnosed yet
☐ GRE®		
☐ GMAT®		
☐ LSAT®		
☐ DAT®		
☐ COMLEX®		
☐ Other (specify)		

E2. Postsecondary Education

List each school and all formal accommodations you receive/received, and the dates accommodations were provided:

- **Attach copies of official records from each school(s) confirming the accommodations they provided.**
- **If you receive/received accommodations in medical school and/or residency, have the appropriate official at your medical school/residency complete the USMLE Certification of Prior Test Accommodations form available at www.usmle.org/test-accommodations/forms.html.**

	SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
Medical/Graduate/ Professional School			
Undergraduate School			

E3. Primary and Secondary School

List each school and all formal accommodations you received, and the dates accommodations were provided:

- **Attach copies of official records from each school listed confirming the accommodations they provided.**

	SCHOOL	ACCOMMODATIONS PROVIDED	DATES PROVIDED
High School	Tyner Academy	N/A	wasn't diagnosed
Middle School	Tyner Middle Academy	N/A	Wasn't diagnosed
Elementary School	Best T. Shephard	N/A	Wasn't diagnosed

Section F: Certification and Authorization

To the best of my knowledge and belief, the information recorded on this request form is true and accurate. I understand that my request for accommodations, including this form and all supporting documentation, must be received by the NBME sufficiently in advance of my anticipated test date in order to provide adequate time to evaluate and process my request.

I acknowledge and agree that any information submitted by me or on my behalf may be used by the USMLE program for the following purposes:

- Evaluating my eligibility for accommodations. When appropriate, my information may be disclosed to qualified independent reviewers for this purpose.
- Conducting research. Any disclosure of my information by the USMLE program will not contain information that could be used to identify me individually; information that is presented in research publications will be reported only in the aggregate.

I authorize the National Board of Medical Examiners (NBME) to contact the entities identified in this request form, and the professionals identified in the documentation I am submitting in connection with it, to obtain further information. I authorize such entities and professionals to provide NBME with all requested further information.

I further understand that the USMLE reserves the right to take action, as described in the Bulletin of Information, if it determines that false information or false statements have been presented on this request form or in connection with my request for test accommodations.

Name (print): Markcus Kitchens

Signature:  Date: 08-30-2022

Submitting Your Completed Request Form and Supporting Documentation:
(Do Not Send duplicate documents and Do Not Send by multiple methods as this will delay processing)

- **Due to business restrictions in Philadelphia because of COVID-19 please submit your request form and supporting documentation via E-mail or Fax.**
- **Requests sent to us via mail may be delayed.**
- **E-mail: Maximum file size is 15 MB (including text in body of email, headers and all attachments). Files larger than 15 MB may require separate emails. All attachments must be in PDF format. Please scan your documents into as few PDF's as possible. Photographs of Personal Items may be in digital format such as JPEGs/JPGs. We are not able to access embedded links.**
- **Fax or Mail: Submit your completed request form and supporting documents to the address below once you register for your exam.**
- **DO NOT bind, staple, paper clip, or tab documents as this may delay processing.**

Disability Services
NBME
3750 Market Street
Philadelphia, PA 19104-3190
Telephone: (215) 590-9700
Facsimile: (215) 590-9422
E-mail: disabilityservices@nbme.org

To Whom It May Concern:

My name is Markcus Kitchens, Jr. and I'm in the process of registering for the USMLE Step 1 Examination. I am writing this letter to request accommodations, specifically extended time, due to being diagnosed Attention-Deficit Hyperactivity Disorder and severe test anxiety.

Pursuant to Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), a person may be considered disabled if he 1) has a physical or mental condition that substantially limits one or more major life activity(ies); 2) has a record of such physical or mental condition; and/or 3) is regarded as having such an impairment. For students with documented disabilities, reasonable accommodations are adjustments that allows for qualified students to have an equal opportunity to succeed without barrier(s).

As an individual with ADHD and severe test anxiety, standardized exams have often presented challenges to my capacity as a student as well as a professional. When exam scores are used as a metric for whether a candidate is qualified, for a person like myself, it reflects my ability to take an exam rather than my comprehensive understanding of the material. In order to better reflect my abilities, I am requesting additional time to complete the exam. The additional time will maximize my ability to achieve my highest quality of work by decreasing my anxiety, and increase my focus. While in university, I never had the need to file an official documentation for my situation due to my professors willingness to take my exams one on one with extended time. Included in my application is a letter from my primary care physician outlining the severity of my symptoms and need for extended time an. Also, in the application you will notice my current medication list for my ADHD and Test Anxiety.

Thank you and I look forward to hearing from you soon!

Regards,

Markcus Kitchens

From: donotreply@prometric.com
Subject: Appointment Confirmation
Date: Oct 27, 2020 at 10:48:28 AM
To: markzwanz@gmail.com

To: Markcus Zwanz KITCHENS
2
2 ILLINOIS 11111
UNITED STATES

Date: 27 Oct 2020

North America

Subject: Confirmation of computer-based **Comprehensive Basic Science,#0000000094927214**

Your appointment for the computer-based **Comprehensive Basic Science** is confirmed. Please find the confirmation details that follow:

Confirmation:	**0000000094927214**
Program:	**NBME Subject Examination Program**
Exam Code:	**CBSCI**
	Comprehensive Basic Science
Exam Date:	**10 Dec 2020**
Exam Time:	**08:00**

Prometric Test Center: **# 3201**
De Kalb - Sycamore
1830 Mediterranean Dr
Suite 201
Sycamore ILLINOIS 60178
UNITED STATES

TEST ACCOMMODATIONS

Extended Time

GLOBAL TEST CENTER SECURITY PROCEDURES

Prometric takes our role of providing a secure test environment seriously. During the check-in process, we inspect any and all eyeglasses, jewelry and other accessories to look for camera devices that could be used to capture exam content.

- You will be required to remove your eyeglasses for close visual inspection. These inspections will take a few seconds and will be done at check-in and again upon return from breaks before you enter the testing room to ensure you do not violate any security protocol.
- Jewelry outside of wedding and engagement rings is prohibited. Please do not wear other jewelry to the test center. Hair accessories, ties and bowties are subject to inspection. Please refrain from using ornate clips, combs, barrettes, headbands, tie clips, cuff links and other accessories as you may be prohibited from wearing them into the testing room and asked to store them in your locker. Violation of security protocol may result in the confiscation of prohibited devices and termination of your exam.

IDENTIFICATION POLICY

You must bring your Scheduling Permit, or present it electronically (e.g., via Smartphone), to the test center, along with your required identification in order to take your exam. Review your Scheduling Permit for complete details. *This email is NOT your Scheduling Permit.
To access your Scheduling Permit, go to http://examinee.nbme.org/documents/mss. We strongly encourage you to print your Scheduling Permit at least several days in advance of your scheduled appointment to avoid any problems accessing or printing your permit on test day.

Important Note: In order to be admitted to the exam on test day, your name as it appears on your Scheduling Permit must EXACTLY MATCH the name on the identification you plan to present at the testing center on test day. If the name listed on your permit is misspelled or differs from your name as it appears on your identification, immediately contact your institution. In order to receive a revised scheduling permit your institution MUST submit your name change or correction more than 7 business days prior to your scheduled test date.

RESCHEDULE / CANCEL POLICY

If you need to change (e.g., reschedule, cancel, change test center location) your appointment, you must go to http://www.prometric.com/MSS.

The date that you change your appointment, using Eastern Standard Time in the United States, will determine whether you pay an appointment change fee and the amount of this fee:

- If you change your appointment 15 or more days before (but not including) the first day of your scheduled test date, there is no fee.
- If you change your appointment fewer than 15 days but more than 5 days before (but not including) the first day of your scheduled test date, the fee is $30 US Dollars (USD).
- If you change your appointment 5 or fewer days before (but not including) the first day of your scheduled test date, the fee is $63.00 USD.

NOTE: If you do not test as scheduled, your eligibility will be terminated and you must submit a new application.

DRIVING DIRECTIONS

I-88 W (signs for I 88 South Toll way/Aurora/I-294). Take the Peace Rd. exit toward IL-38. Turn right on to Peace Rd. Turn left at the light on Bethany. Turn right onto Mediterrean Dr. The destination will be on the right, in the same parking lot as Cadence Health, we are in the front of the building.

ADDITIONAL INFORMATION

- TEST DAY ARRIVAL: Report to the test center 30 minutes before your scheduled appointment for check-in procedures. If you arrive later than your scheduled appointment, you may not be admitted. If you arrive more than 30 minutes after your scheduled appointment, you will not be admitted to the testing center.
Though the site provides noise reducing headphones, you are encouraged to bring your own cordless soft-foam earplugs (subject to inspection).
IF CENTER NOT ABLE TO TEST: In the event that the test center becomes unavailable on your scheduled test date, we will attempt to notify you in advance and schedule you for a different time and/or center. However, on occasion, we may need to reschedule your appointment at the last minute. We strongly encourage you to check your voicemail and email prior to leaving for your appointment on test day, particularly during inclement weather. You may also call the test center directly or go to www.prometric.com to ch eck for weather-related closings.

TEST CENTER REGULATIONS: For a full listing of Prometric Testing Center Regulations and other FAQ's please visit the Prometric website at http://www.prometric.com/TestTakers/FAQs /default.htm.
There is a 15 minute scheduled/authorized break between sections two and three. You are encouraged to take a break at this time. During the authorized break, you are permitted to access your locker.

You are advised not to take a personal break at any other time during the examination. If you must use the restroom, you may do so. However, you may not access your locker. Accessing electronic devices, such as cell phones, books, or study materials from your locker is prohibited. If you must obtain medicine or a food/drink item, notify Prometric staff before doing so. If Prometric staff are not notified and observe you accessing personal belongings you may be reported for irregular behavior. You are not permitted to make n otes on your note board prior to starting your test. You are not permitted to leave the test center area at any time that your test is in session unless the test center is evacuated because of an emergency situation. In the event the test center is evacuated, you may not access personal belongings or discuss examination content with other test takers. You are required to review and follow the Prometric test center regulations that are provided to you to read during the check-in process.

Important Guidelines for testing During COVID-19

https://prometric-4562417.hs-sites.com/?hs_preview=KhVSEZiH-30068366739

PERSONAL DATA COLLECTION & PROCESSING

You have consented to the collection and processing of your Personal Data, and biometrics, where required by your Test Sponsor.

Sincerely,

North America
Prometric
www.prometric.com

10/05/2020 - Office Visit in NM Dermatology (continued)

Provider Progress Notes (continued)

Prompt	Yes/No	Diagnosis	Comments	Date
No relevant medical history.				

No Known Allergies

PAST MEDICAL HISTORY:

Past Medical History:

Diagnosis	Date
• ADHD	2013

Past Surgical History:

Procedure	Laterality	Date
• WISDOM TOOTH EXTRACTION *All 4*		2009

FAMILY HISTORY:

Family History

Problem	Relation	Age of Onset
• No Known Problems	Mother	
• No Known Problems	Father	
• No Known Problems	Sister	
• No Known Problems	Brother	

SOCIAL HISTORY:

Social History

Tobacco Use	
• Smoking status:	Never Smoker
• Smokeless tobacco:	Never Used
Substance Use Topics	
• Alcohol use:	Never
Frequency:	Never

Occupation: medial student

Current Outpatient Medications on File Prior to Visit

Medication	Sig	Dispense	Refill
• busPIRone 5 mg tablet	Take 1 tablet by mouth 2 (two) times daily as needed for other (Anxiety).	60 tablet	2
• dextroamphetamine-amphetamine 15 mg tablet	Take 1 tablet by mouth daily. TK 1 T PO BID	60 tablet	0
• MEN'S MULTI-VITAMIN ORAL	Take by mouth.		

No current facility-administered medications on file prior to visit.

PULSE OXIMETRY/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
4:38 PM	99								

MEASURED BY

Time	Measured by
4:38 PM	Hazel Bray, CMA

Physical Exam

Exam	Findings	Details
General Exam	Comments	tall thin in NAD
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
PHQ-9 completed				Mild depression	7		

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Attention-deficit hyperactivity disorder, unspecified type (F90.9).
	Plan Orders	Referrals: Mental Health Counselor. Evaluate and treat.
2.	Assessment	Anxiety (F41.9).
3.	Other Orders	Orders not associated to today's assessments.
	Plan Orders	The patient had the following procedure(s) completed today PHQ-9 completed..

Status	Ordered	Order	Timeframe	actComments
ordered	05/25/2018	Referrals: Mental Health Counselor. Evaluate and treat		please evaulate and give opinon about the need for emotional service dogs;

Medications *(Added, Continued or Stopped this visit)*

Started	Medication	Directions	Instruction	Stopped
	loperamide 2 mg capsule	take 2 capsule by oral route after 1st loose stool, followed by 1 capsule after each subsequent loose stool not to exceed 16 mg/day		
	ondansetron 4 mg disintegrating tablet	take 1 tablet by oral route every 6 hours for 2 days and place on top of the tongue where it will dissolve, then		

swallow

Provider: Vicki Hackman MD 05/25/2018 05:05 PM

Vicki L. Hackman MD.

Document generated by: Vicki Hackman 05/25/2018 05:05 PM

Electronically signed by Vicki Hackman MD on 05/27/2018 12:11 PM

WHITE HOUSE CLINICS

PATIENT:	Markcus Kitchens
DATE OF BIRTH:	01/26/1992
DATE:	07/26/2017 09:21 AM
HISTORIAN:	self
VISIT TYPE:	Office Visit
PROVIDER:	Vicki Hackman, MD

This 25 year old male presents for med refill.

History of Present Illness:

1. med refill
last seen 2/2016;
finished 1st year of med school; working with daniel lee in richond and leaves in september to go back; has 1 more year there at basic science and 2 y of clinical ;
on adderal since 2014;
says he was focusing better on adderall;

Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt oz	Wt kg	Weight %	BMI kg/m2	BMI %	BSA m2	O2 Sat%
9:30 AM	100/62	73	18	97.50	5.0	11.00	180.34	140.00		63.503		19.53	0		98

MEASURED BY

Time	Measured by
9:30 AM	Hazel Bray, CMA

Physical Exam

Exam	Findings	Details
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Attention and concentration deficit (R41.840).
	Provider Plan	is asking me to write an rx for adderall; he is leaving for poland in september; He says poland does not prescribe adderall for ADHD but was told if he had an MD here to write a letter, he could get it there. I told him I could not do that but I could refer him to a specialist for evaluation and get their opinion about him needing the medication. He was not happy with this; says he was seeing colleen and then Dr David was writing his rx and he brought in a bottle dated 2016 as last rx.
	Plan Orders	Referrals: Psychiatry. Evaluate and treat.

Status	Ordered	Order	Timeframe	actComments
ordered	07/26/2017	Referrals: Psychiatry. Evaluate and treat		needs evaluated for ADHD; is going overseas in september and has been on adderall in past; please evaluate ; needs recommendations and treatment

Provider: Vicki Hackman MD 07/26/2017 10:00 AM

Vicki L. Hackman MD.

Document generated by: Vicki Hackman 07/26/2017 10:00 AM

Kitchens, Markcus Z. 000000056088 01/26/1992 07/26/2017 09:21 AM 2/3

NBME℠

Highly Confidential

February 8, 2022

Markcus Zwanz Kitchens
625 Hampton Way #2
Richmond, KY 40475

RE: USMLE Step 1 USMLE ID#: 1-077-051-9

Dear Markcus Zwanz Kitchens:

We have thoroughly reviewed the documentation you provided in support of your request for test accommodations on the United States Medical Licensing Examination (USMLE) Step 1.

Accommodations are intended to ensure that individuals with a documented disability as defined by the Americans with Disabilities Act (ADA) can take the USMLE exams in an accessible place and manner. A diagnostic label, in and of itself, does not establish coverage under the ADA, nor does prior receipt of accommodations for a particular activity guarantee that identical accommodations are indicated or will be available in all future settings and circumstances. The ADA defines disability as a physical or mental impairment that substantially limits a person's ability to perform one or more major life activities, as compared to most people in the general population. Therefore, not every impairment will constitute a disability.

We conducted an individualized review of your request in accordance with the guidelines set forth in the ADA. Specifically, one or more doctoral-level psychological or medical professionals:

- Carefully considered all of the information you provided, including the recommendations of your treating and/or evaluating professional(s)
- Gave substantial weight to your history of accommodations on standardized examinations
- Considered whether and how your reported impairment(s) affects your ability to access a computer-based examination like the USMLE

Based upon this review, we have concluded that you have not shown that your requested accommodations are necessary for you to access the USMLE. Accordingly, your request is being denied, for the following primary reasons:

- Your treatment professionals did not provide sufficient information regarding the basis for the diagnosis of Attention-Deficit/Hyperactivity Disorder (ADHD). Even if not formally diagnosed in childhood, the essential feature of ADHD, a neurodevelopmental disorder, is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. According to the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)*, manifestation of the disorder must be present in more than one setting (e.g., home and school, work). Adult self-report and recall is not sufficient to substantiate a history of substantial symptoms across settings. Your documentation does not objectively demonstrate that you have shown pervasive problems managing daily demands for attention, concentration, or organization in school, work, social, or other domains.

- While we noted your 2018 diagnosis of Test Anxiety, experiencing anxiety during high-stakes examinations is not, in and of itself, evidence of a disability or impairment in a major life activity.

- Your documentation reveals a history of not being substantially limited in your ability to perform the functions that are relevant to taking a standardized test like the USMLE. As best one can tell, you progressed throughout your education with an academic record and scores on timed standardized tests sufficient to gain admission to and graduate from university and medical school, all without formal accommodations.

We hope this information assists you in understanding the basis for our decision. We will request processing of your exam application without test accommodations. You may inquire at permits@ecfmg.org or call Applicant Information Services at (215) 386-5900 with any questions about your scheduling permit.

Please monitor the USMLE announcements page at www.usmle.org and the Prometric website at www.prometric.com/corona-virus-update for up-to-date information regarding the impact of the coronavirus (COVID-19) pandemic on USMLE testing.

Sincerely,
Disability Services

BEREA COLLEGE DISABILITY SERVICES PROGRESS NOTE

Name: Markus Kitchens Date: 1/10/13

Markus referred to me by Sue Reimondo PhD after reporting to her that he feels he has symptoms of ADD/ADHD. Spent some time in diagnostic interview and learned that he reports had symptoms dating back to 1st grade, at which time it was suggested he be retained. He reports his mom refused this, became hypervigilant and by his description micro managed him in a positive way with structure, predictability and high involvement with her and with extra curricular activities.

He reports this went well and he had no problems with functioning up until recently. He reports he is not on academic probation—but over the past few semesters has gotten one F, one D "and B's and C's are now the rule not A's and B's"

At this point in the discussion, he revealed that his wish is not for accommodations—but for medication. I referred him to staff MD at this point—explained to him my role, and asked him to return if his request for medication from staff MD did not successfully resolve his concerns—so that I could do further assessment at that time.

Cynthia Reed, MSW, LCSW
Disability Services Coordinator

1/10/13
Date

EXHIBIT
PX05

051

Name: Markcus Z Kitchens (M) **DOB:** [redacted] **Student ID:** B00636106

Diagnosis: Attention deficit disorder Without mention of hyperactivity

---

Berea College Health Service
Berea, KY 404030001
(859)985-3212

Markcus Z Kitchens (M) [1134] Note Date: 01/11/2013 03:19 PM
Pt. Phone: (423)314-4096 DOB: [redacted] (Age 20) SSN: [redacted]

Summary of note: Attention deficit disorder Without mention of hyperactivity
Allergies: (None)
Current Medications: (None)

Intake:

BP	Height	Weight	Temp	Pulse	Respiratory Rate
117/67	71.5"	140 lbs		62	

19.3

Patient saw Cindy and they discussed patient possibly goin on Adderall.
- Entered by Miriam David, MD on Jan-11-2013 03:49 PM

Subjective:
STates he has more problems with studying/homework than with focusing in class. More problems with tests than with homework.
- Entered by Miriam David, MD on Jan-11-2013 03:49 PM

Objective:
No exam. His BP is fine. His wt is noted- -apparently is a paternal trait to b 'skinny'.
- Entered by Miriam David, MD on Jan-11-2013 03:49 PM

Assessment:
1)Attention deficit disorder Without mention of hyperactivity - 314.00

Probable
- Entered by Miriam David, MD on Jan-11-2013 03:49 PM

Plan:
Office or other outpatient visit for the evaluation and management of an establi

1. Start Adderall 20mg, Qam #30, nrf. He may adjust this as needed, ie, 1/2 in am, 1/2 at noon, or maybe even as late as 4pm whichever seems to work better for him.
2. Check back with Cindy also about this issue.
3. RTO to see me in 30 days.
- Entered by Miriam David, MD on Jan-11-2013 03:49 PM

Signed by: Miriam David, MD on Jan-11-2013 03:49 PM
Signed by: Miriam David, MD on Jan-11-2013 03:49 PM

Locked by: Miriam David, MD on Jan-11-2013 03:49 PM

This document has been signed electronically.

EXHIBIT
PX06
exhibitsticker.com

052

Name: Markcus Z Kitchens **DOB:** [redacted] **Student ID:** B00636106
(M)

Diagnosis: Attention deficit disorder Without mention of hyperactivity

This document has been signed electronically.

050

Name: Markcus Z Kitchens (M) **DOB:** [redacted] **Student ID:** B00636106

Diagnosis: Attention deficit disorder Without mention of hyperactivity

---

Berea College Health Service
Berea, KY 404030001
(859)985-3212

Markcus Z Kitchens (M) [1134] Note Date: 02/07/2013 02:57 PM
Pt. Phone: (423)314-4096 DOB: [redacted] (Age 21) SSN: [redacted]

Summary of note: Attention deficit disorder Without mention of hyperactivity
Allergies: No known drug allergies -
Current Medications: (None)

Intake:

BP	Height	Weight	Temp	Pulse	Respiratory Rate
111/75	71"	138 lbs		75	

19.2

Had problems getting adderall filled at Walmart. Patient still hasnt taken medication yet. Wants to discuss this.
- Entered by Miriam David, MD on Feb-07-2013 03:20 PM

Subjective:
WM charge for adderall was $189- -couldn't afford.
- Entered by Miriam David, MD on Feb-07-2013 03:20 PM

Objective:
BP stable. Wt low. Will follow
- Entered by Miriam David, MD on Feb-07-2013 03:20 PM

Assessment:
1)Attention deficit disorder Without mention of hyperactivity - 314.00

Plan:
Office or other outpatient visit for the evaluation and management of an establi

1. Staart Ritalin 20mg, #30, QAM.
2. RTO in 3-4 wks for reeval.
- Entered by Miriam David, MD on Feb-07-2013 03:20 PM

Signed by: Miriam David, MD on Feb-07-2013 03:20 PM

Locked by: Miriam David, MD on Feb-07-2013 03:20 PM

This document has been signed electronically.

EXHIBIT
PX07
exhibitsticker.com

049

Name: Markcus Z Kitchens (M) **DOB:** [redacted] **Student ID:** B00636106

Diagnosis: Diseases of hair and hair follicles other specified

---

Berea College Health Service
Berea, KY 404030001
(859)985-3212

Markcus Z Kitchens (M) [1134] Note Date: 03/21/2013 10:43 AM
Pt. Phone: (423)314-4096 DOB: [redacted] (Age 21) SSN: [redacted]

Summary of note: Diseases of hair and hair follicles other specified
Allergies: No known drug allergies -
Current Medications: (None)

Intake:

BP	Height	Weight	Temp	Pulse	Respiratory Rate
108/71	72"	140 lbs		57	

19

Been having knots pop up on his chest and back, they are very painful since last saturday
- Entered by Miriam David, MD on Mar-21-2013 01:04 PM

Subjective:
Unrelated to stress as far as he can tell. They come and go. Has shaved ant chest and belly.
- Entered by Miriam David, MD on Mar-21-2013 01:04 PM

Objective:
Skin: 1-2mm whitish nodules on ant chest and around umbilicus. On back a 2-3cm raised lesion with center point, no longer tender.
- Entered by Miriam David, MD on Mar-21-2013 01:04 PM

Assessment:
1)Diseases of hair and hair follicles other specified - 704.8

Plan:
Office or other outpatient visit for the evaluation and management of an establi
RX: minocycline 100 mg capsule Take 1 Capsule twice a day Take 1 BID for 10 d and then QD for acne send to Square Qty 60. No Refills.

1. Also get some benzoyl peroxide and use BID on affected areas.
2. RTO in 1 mo for reeval of acneiform lesions on the minocin.

- Entered by Miriam David, MD on Mar-21-2013 01:04 PM

Signed by: Miriam David, MD on Mar-21-2013 01:04 PM

Locked by: Miriam David, MD on Mar-21-2013 01:04 PM

This document has been signed electronically.

EXHIBIT
PX08
exhibitsticker.com

047

Name: Markcus Z Kitchens (M) **DOB:** [redacted] **Student ID:** B00636106

Diagnosis: Attention deficit disorder Without mention of hyperactivity

---

Berea College Health Service
Berea, KY 404030001
(859)985-3212

Markcus Z Kitchens (M) [1134] Note Date: 08/05/2013 01:03 PM
Pt. Phone: (423)314-4096 DOB: [redacted] (Age 21) SSN: [redacted]

Summary of note: Attention deficit disorder Without mention of hyperactivity
Allergies: No known drug allergies -
Current Medications: (None)

Intake:

BP	Height	Weight	Temp	Pulse	Respiratory Rate
106/64	71"	139 lbs		54	

19.4

Signed by: Glynda Glontz on Aug-05-2013 at 01:03 PM

Was once prescribed Adderall and wants it back, never went and got the rx so has never taken it..
- Entered by Miriam David, MD on Aug-05-2013 02:44 PM

Subjective:
Is applying to med school, taking MCAT and thinks this will help him focus on his future. He saw Cindy R. last semester who concurred that he does have ADD. Has no explantion why he didn't use it in the past. Does not smoke or use illegal drugs.
- Entered by Miriam David, MD on Aug-05-2013 02:44 PM

Objective:
Lungs: clear. CV- -RRR <60BPM. Abd: NT, no HSM. Extrem: no edema.
- Entered by Miriam David, MD on Aug-05-2013 02:44 PM

Assessment:
1)Attention deficit disorder Without mention of hyperactivity - 314.00

Plan:
Office or other outpatient visit for the evaluation and management of an establi
RX: amphetamine-dextroamphetamine 20 mg tablet [Adderall] Take 1 Tablet every morning Take one tablet in the AM Qty 30. No Refills.

1. Will start Adderall and see how he does for 1 mon.
2. RTO 1 mo.

- Entered by Miriam David, MD on Aug-05-2013 02:44 PM

Signed by: Miriam David, MD on Aug-05-2013 02:44 PM

Locked by: Miriam David, MD on Aug-05-2013 02:44 PM

This document has been signed electronically.

EXHIBIT
PX09
exhibitsticker.com

048

Name: Markcus Z Kitchens **DOB:** [redacted] **Student ID:** B00636106
(M)

Diagnosis: Attention deficit disorder Without mention of hyperactivity

This document has been signed electronically.

045

Name: Markcus Z Kitchens (M) **DOB:** [redacted] **Student ID:** B00636106

Diagnosis: Attention deficit disorder Without mention of hyperactivity

---

Berea College Health Service
Berea, KY 404030001
(859)985-3212

Markcus Z Kitchens (M) [1134] Note Date: 09/05/2013 02:09 PM
Pt. Phone: (423)314-4096 DOB: [redacted] (Age 21) SSN: [redacted]

Summary of note: Attention deficit disorder Without mention of hyperactivity, Underweight
Allergies: No known drug allergies -
Current Medications: amphetamine-dextroamphetamine 20 mg tablet [Adderall]

Intake:

BP	Height	Weight	Temp	Pulse	Respiratory Rate
123/86	71"	134 lbs		81	

18.7

Signed by: Glynda Glontz on Sep-05-2013 at 02:09 PM

Follow up on Adderall and refills
- Entered by Miriam David, MD on Sep-05-2013 02:38 PM

Subjective:
States is doing well w/ Adderall....has a very busy schedule but so far is handling it well. Is premed.
- Entered by Miriam David, MD on Sep-05-2013 02:38 PM

Objective:
Wt. dec 5#. States 'the food is so bad at food service'
- Entered by Miriam David, MD on Sep-05-2013 02:38 PM

Assessment:
1)Attention deficit disorder Without mention of hyperactivity - 314.00
2)Underweight - 783.22

Plan:
Office or other outpatient visit for the evaluation and management of an establi
RX: amphetamine-dextroamphetamine 20 mg tablet [Amphetamine Salt Combo] Take 1 Tablet as directed Take one tablet in AM Qty 40. No Refills.

1. Con't med as above.
2. RTO in 1 mon. Must have not lost more wt or will consider lowering dose.
- Entered by Miriam David, MD on Sep-05-2013 02:38 PM

Signed by: Miriam David, MD on Sep-05-2013 02:38 PM

Locked by: Miriam David, MD on Sep-05-2013 02:38 PM

This document has been signed electronically.

EXHIBIT
PX10
exhibitsticker.com

046

Name: Markcus Z Kitchens **DOB:** [redacted] **Student ID:** B00636106
(M)

Diagnosis: Attention deficit disorder Without mention of hyperactivity

This document has been signed electronically.

043

Name: Markcus Z Kitchens (M) **DOB:** [redacted] **Student ID:** B00636106

Diagnosis: Attention deficit disorder Without mention of hyperactivity

---

Berea College Health Service
Berea, KY 404030001
(859)985-3212

Markcus Z Kitchens (M) [1134] Note Date: 03/20/2014 02:10 PM
Pt. Phone: (423)314-4096 DOB: [redacted] (Age 22) SSN: [redacted]

Summary of note: Attention deficit disorder Without mention of hyperactivity
Allergies: No known drug allergies -
Current Medications: (None)

Intake:

BP	Height	Weight	Temp	Pulse	Respiratory Rate
114/76	71"	136 lbs		94	

19

Signed by: Glynda Glontz on Mar-20-2014 at 02:10 PM

Refills. 2. Wants to talk about sugar problems??
- Entered by Miriam David, MD on Mar-20-2014 02:30 PM

Subjective:
Several folks think he might have diabetes or that he is hypoglycemic. At end of day sometimes 'gives out.' Dirnks a lot everyday- -carrys water around. He does not think he is diabetic. Is very active....schedule is full; will take MCAT in 10 days.
- Entered by Miriam David, MD on Mar-20-2014 02:30 PM

Objective:
2 hr PP= 86.
- Entered by Miriam David, MD on Mar-20-2014 02:30 PM

Assessment:
1)Attention deficit disorder Without mention of hyperactivity - 314.00

Plan:
Office or other outpatient visit for the evaluation and management of an establi; Glucose, blood by glucose monitoring device(s) cleared by the FDA specifically f
RX: amphetamine-dextroamphetamine 20 mg tablet [Amphetamine Salt Combo] Take 1 Tablet as directed Take one tablet in AM Qty 30. No Refills.

1. I don't think this young man has DM.
2. I did RF his stimulant. KASPER entered in chart.
3. RTO in 1 mon.

- Entered by Miriam David, MD on Mar-20-2014 02:30 PM

Nurse Notes:
Glucose by Finger Puncture

This document has been signed electronically.

EXHIBIT
PX11
exhibitsticker.com

044

Name: Markcus Z Kitchens **DOB:** [redacted] **Student ID:** B00636106
(M)

Diagnosis: Attention deficit disorder Without mention of hyperactivity

---

Patient is 2 hours post prandial.

Glucose by finger puncture Normal (nondiabetic fasting =70 - 100 mg/dL) :86 mg/dL

Signed by: Glynda Clontz on Mar-20-2014 at 02:22 PM

Signed by: Miriam David, MD on Mar-20-2014 02:30 PM

Locked by: Miriam David, MD on Mar-20-2014 02:30 PM

This document has been signed electronically.

042

Name: Markcus Z Kitchens (M) **DOB:** [redacted] **Student ID:** B00636106
Diagnosis: Counseling NOS

Berea College Health Service
Berea, KY 404030001
(859)985-3212

Markcus Z Kitchens (M) [1134] Note Date: 04/28/2014 01:05 PM
Pt. Phone: (423)314-4096 DOB: [redacted] (Age 22) SSN: [redacted]

Summary of note: travel prep
Allergies: No known drug allergies -
Current Medications: amphetamine-dextroamphetamine 20 mg tablet [Amphetamine Salt Combo]
Diagnosis: Counseling NOS, Attention deficit disorder Without mention of hyperactivity, Underweight, Diseases of hair and hair follicles other specified

Intake:

Subjective:
Choir physical
- Entered by Glynda Clontz on Apr-28-2014 01:05 PM

Will be spending 2 weeks in Spain and Portugal in May with choir. Needs medical clearance. Apparently takes Adderall but will not be taking it for trip. Otherwise benign PMH and ROS. See form
- Entered by Nancy Ryan, MD on Apr-28-2014 01:18 PM

Objective:
See form
- Entered by Nancy Ryan, MD on Apr-28-2014 01:18 PM

Assessment:
1)Counseling NOS - V65.40

Plan:
Office Or Other Outpatient Visit For The Evaluation And Management Of An Establi

OK for travel. Immunizations current
- Entered by Nancy Ryan, MD on Apr-28-2014 01:18 PM

Signed by: Nancy Ryan, MD on Apr-28-2014 01:18 PM

Locked by: Nancy Ryan, MD on Apr-28-2014 01:18 PM

This document has been signed electronically.

EXHIBIT
PX12
exhibitsticker.com

040

Name: Markcus Z Kitchens (M) **DOB:** [redacted] **Student ID:** B00636106

Diagnosis: Cellulitis and abscess buttock

Berea College Health Service
Berea, KY 404030001
(859)985-3212

Markcus Z Kitchens (M) [1134] Note Date: 05/23/2014 10:16 AM
Pt. Phone: (423)314-4096 DOB: [redacted] (Age 22) SSN: [redacted]

Summary of note: abscess on buttocks, folliculitis barbae
Allergies: No known drug allergies -
Current Medications: amphetamine-dextroamphetamine 20 mg tablet [Amphetamine Salt Combo]

Intake:

Subjective:

BP	Height	Weight	Temp	Pulse	Respiratory Rate
115/82	70"	134 lbs		54	

BMI: 19.2

Signed by: Glynda Clontz on May-23-2014 at 10:16 AM

Face is broke out in a rash. States this comes and goes. has had this problem for a couple years. 2. has a bump/pimple on butt states it comes and goes and has for a couple years
- Entered by Glynda Clontz on May-23-2014 10:16 AM

Pt has recurrent problems with rash in bearded areas of face. Also currently has painful lesion on buttocks, present for few days
- Entered by Nancy Ryan, MD on May-23-2014 01:56 PM

Objective:
Extensive upraised mildly inflamed macular-papular eruptions on cheeks, chin, and neck in areas of facial hair growth. Several small inflamed areas on buttocks, one area large with purulent head
- Entered by Nancy Ryan, MD on May-23-2014 01:56 PM

Assessment:
1)Cellulitis and abscess buttock - 682.5
2)Diseases of hair and hair follicles other specified - 704.8

Plan:
Office Or Other Outpatient Visit For The Evaluation And Management Of An Establi
RX: sulfamethoxazole-trimethoprim 800-160 mg tablet [Bactrim DS] Take 1 Tablet twice a day Qty 20. No Refills.

Begin hot soaks to buttocks. Also begin course of Bactrim DS. Pt likely has pseudofolliculitis barbae. Has derm appointment already scheduled for next Thursday.
- Entered by Nancy Ryan, MD on May-23-2014 01:56 PM

Signed by: Nancy Ryan, MD on May-23-2014 01:56 PM

This document has been signed electronically.

EXHIBIT
PX13
exhibitsticker.com

041

Name: Markcus Z Kitchens (M) **DOB:** [redacted] **Student ID:** B00636106

Diagnosis: Cellulitis and abscess buttock

Locked by: Nancy Ryan, MD on May-23-2014 01:56 PM

This document has been signed electronically.

038

Name: Markcus Z Kitchens (M) **DOB:** [redacted] **Student ID:** B00636106

Diagnosis: Attention deficit disorder Without mention of hyperactivity

---

Berea College Health Service
Berea, KY 404030001
(859)985-3212

Markcus Z Kitchens (M) [1134] Note Date: 06/19/2014 01:05 PM
Pt. Phone: (423)314-4096 DOB: [redacted] (Age 22) SSN: [redacted]

Summary of note: Attention deficit disorder Without mention of hyperactivity
Allergies: No known drug allergies -
Current Medications: (None)
Diagnosis: Attention deficit disorder Without mention of hyperactivity, Diseases of hair and hair follicles other specified, Cellulitis and abscess buttock, Counseling NOS, Underweight

Intake:

Subjective:

BP	Height	Weight	Temp	Pulse	Respiratory Rate
118/65	71"	137 lbs		64	

BMI: 19.1

Signed by: Glynda Clontz on Jun-19-2014 at 01:05 PM

Refill on Adderall
- Entered by Glynda Clontz on Jun-19-2014 01:05 PM

Excited about going to med school in the Carribean/Antigua.
- Entered by Miriam David, MD on Jun-19-2014 01:44 PM

Objective:
VSS. Wt is stable.
- Entered by Miriam David, MD on Jun-19-2014 01:44 PM

Assessment:
1)Attention deficit disorder Without mention of hyperactivity - 314.00

Plan:
Office Or Other Outpatient Visit For The Evaluation And Management Of An Establi
RX: amphetamine-dextroamphetamine 20 mg tablet [Amphetamine Salt Combo] Take 1 Tablet as directed Take one tablet in AM Qty 30. No Refills.

1. KASPER is entered into chart.
2. I suggested that he call the school to see if he can get this medication on the island or will need it sent to him from the States.
- Entered by Miriam David, MD on Jun-19-2014 01:44 PM

This document has been signed electronically.

EXHIBIT
PX14
exhibitsticker.com

039

Name: Markcus Z Kitchens **DOB:** [redacted] **Student ID:** B00636106
(M)

Diagnosis: Attention deficit disorder Without mention of hyperactivity

Signed by: Miriam David, MD on Jun-19-2014 01:44 PM

Locked by: Miriam David, MD on Jun-19-2014 01:44 PM

This document has been signed electronically.

D14

WHITE HOUSE CLINICS

PATIENT:	Markcus Kitchen
DATE OF BIRTH:	[redacted]
DATE:	07/08/2014 1:07 PM
HISTORIAN:	self
VISIT TYPE:	Office Visit
PROVIDER:	Colleen Ambrose APRN

Chief Complaint
1. physical

History of Present Illness
This 22 year old male presents with:
1. physical
Mr. Kitchen presents today for a PE clearance to attend medical school. His PMH consists of ADD which is treated by meds. only surgery has been removal of his wisdom teeth.
He is otherwise healthy.

Past Medical/Surgical History

Condition	Year	Procedure/Surgery	Year
ADD			
wisdom teeth removal			

Family History
Patient reports there is no relevant family history.

Social History
Primary language is *English.
Marital Status / Family / Social Support:
Currently single.
Tobacco:
Smoking status: Never smoker.

Use Status	Total Pk Yrs	Type	Per Day	Years Used	Pack Years	Year Quit
never						

Tried To Quit	Longest Tob Free	Relapse Reason	Passive Exposure

Alcohol:
There is no history of alcohol use.
Social History
Reviewed, no changes. Last detailed document date: 07/08/2014.

EXHIBIT
PX15
exhibitsticker.com

Allergies
No known allergies.
Reviewed. No changes.

015

Review of Systems

Constitutional:
Negative for fever, night sweats, weight gain and weight loss.

HEENT:
Negative for hearing loss and sore throat.
Negative for eye pain and vision changes.

Respiratory:
Negative for chronic cough, cough and known TB exposure.

Cardiovascular:
Negative for chest pain and edema.

Gastrointestinal:
Negative for abdominal pain, blood in stool, change in stool pattern, constipation, nausea and vomiting.

Genitourinary:
Negative for dysuria.

Neuro/Psychiatric:
Negative for anxiety and depression.
Negative for extremity weakness, memory impairment, numbness in extremities and seizures.

Musculoskeletal:
Negative for back pain, joint pain and muscle weakness.

Hematology:
Negative for easy bleeding.

Immunology:
Positive for:
- Seasonal allergies.

Vital Signs

Ht Ft	Ht In	Wt Lb	Wt Oz	Wt Kg	BMI kg/m2	BMI%
5.0	11.00	135.00		61.235	18.83	

BP mm/Hg	Pulse/min	Resp/min	Temp F	Head Circ In
104/74	82	12	98.8	

Pulse Ox Rest %	Pulse Ox Amb %	O2 LPM	BSA m2
99			

Measured By
Time
1:14 PM Regina Cox, CMA

Physical Exam

Constitutional:
Well developed.
Eyes:
Right
PERRLA.
Left
PERRLA.
Ears:
Right
Normal tympanic membrane. Hearing grossly intact.
Left

916

Normal tympanic membrane. Hearing grossly intact.
Nose / Mouth / Throat:
External Nose: is unremarkable
Lips/Teeth/Gums: Normal teeth and gums
Tonsils: No tonsillar hypertrophy or exudates
Oropharynx: No pharyngeal erythema or exudates or mucosal lesion

Neck / Thyroid:
No thyromegaly or thyroid nodules detected.

Respiratory:
Lungs clear to auscultation.
Cardiovascular:
Extra Sounds: None.
Rate and Rhythm: Heart rate is regular. Rhythm is regular.
No edema is present.
Vascular:
Pulses
Dorsalis pedis pulses: normal. Capillary refill is: less than 2 seconds.
Varicosities are absent
Abdomen:
There is no abdominal tenderness.
No hepatic enlargement.
No splenic enlargement.
Integumentary:
No impressive skin lesions present.
Musculoskeletal:
Normal range of motion, muscle strength, and stability in all extremities with no pain on inspection.
Extremities:
Dorsalis pedis pulses: normal.
Monofilament exam is normal.
No edema is present.
No ulceration present.
No cyanosis.
No calf tenderness. Varicosities are absent
Toenails: Normal.
Neurological:
Memory: Intact .
Cranial nerves: grossly intact
Sensory: No sensory loss .
Deep Tendon Reflexes: DTR's preserved and symmetric .
Psychiatric:
The patient is oriented to time, place, person, and situation.
The patient demonstrates the appropriate mocd and affect.

Assessment/ Plan
Well adult exam (V70.0)
Comments:
Advise him to get PPD placed as we cannot find one. He can contact his school and see if they need one. He has a negative TB risk assessment..He will call his school to see if they need a TB skin test
ADD (attention deficit disorder) (314.00)
advised he will have to find a local provider to treat his ADD there.

Medications (added, continued or stopped this visit)

Continued:

Prescribed Elsewhere:

Medication Name		Reason
Adderall 20 mg tablet	take 1 tablet by oral route every day before breakfast	

017

Provider: Colleen Ambrose APRN 07/09/2014 2:21 PM

Document generated by: Colleen Ambrose 07/09/2014 2:21 PM

305 Estill Street
Berea, KY 404031742
(859)985-1415

Electronically signed by Colleen Ambrose APRN on 07/10/2014 11:10 AM

010

WHITE HOUSE CLINICS

PATIENT: Markcus Kitchens
DATE OF BIRTH: [redacted]
DATE: 02/15/2016 09:24 AM
HISTORIAN: self
VISIT TYPE: Office Visit
PROVIDER: Vicki Hackman, MD

This 24 year old male presents for School PE and ROS.

History of Present Illness:

1. School PE
sayshe is here for medical school physical; was here 2014 for same thing with colleen ambrose

going to Hope Medial,
going to study abroad Medical school in Poland
lives in berea;
finished college 2014.

reviewed forms with patinet;
recently had PPD but not in the past; always negative PPD:
2. ROS

PAST MEDICAL/SURGICAL HISTORY (Detailed)

Disease/disorder	Onset Date	Management	Date	Comments
ADD				
wisdom teeth removal				

Family History (Detailed)

Patient reports there is no relevant family history.

SOCIAL HISTORY (Detailed)

Tobacco use reviewed.

Preferred language is *English.

EXHIBIT
PX16
exhibitsticker.com

011

EDUCATION/EMPLOYMENT/OCCUPATION
The patient has a(n) college education.

Employment	History	Status	Retired	Restrictions
	Store manager 1 y			

MARITAL STATUS/FAMILY/SOCIAL SUPPORT
Currently single.
ALCOHOL
There is no history of alcohol use.

Social History:

Tobacco use reviewed.
Reviewed, no changes. Last detailed document date: 02/15/2016.

Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt kg	Weight %	BMI kg/m2	BMI %	BSA m2	O2 Sat%
9:29 AM	96/54	66	12	97.70	5.0	11.00	180.34	139.00	63.049		19.39	0		98

Source	Oxygen	O2 Ambient	Measured
RA			

MEASURED BY

Time	Measured by
9:29 AM	Linda Mills, CMA

012

Physical Exam

Exam	Findings	Details
Ears	*	Canal - Right: excess cerumen, Left: excess cerumen.
Ears	Normal	Inspection - Right: Normal, Left: Normal.
Nasopharynx	Normal	Lips/teeth/gums - Normal. Oropharynx - Normal.
Neck Exam	Normal	Inspection - Normal. Palpation - Normal. Thyroid gland - Normal.
Lymph Detail	Normal	No cervical or supraclavicular adenopathy.
Respiratory	Normal	Inspection - Normal. Auscultation - Normal. Effort - Normal.
Cardiovascular	Normal	Regular rate and rhythm. No murmurs, gallops, or rubs.
Abdomen	Normal	Inspection - Normal. Auscultation - Normal. No abdominal tenderness. No hepatic enlargement.
Musculoskeletal	Normal	Visual overview of all four extremities is normal.
Extremity	Normal	No edema.
Neurological	Normal	Memory - Normal. Cranial nerves - Cranial nerves II through XII grossly intact.
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect. Normal insight. Normal judgment.

Immunizations

Immunizations reviewed this visit.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Encounter for general adult medical examination without abnormal findings (Z00.00).
	Plan Orders	CBC with Diff to be performed Today, CMP to be performed Today and SED rate, automated to be performed Today.
2.	Assessment	Screening for Hep C (Z11.59).
	Plan Orders	Hep B Surface Ab, Qual (499) to be performed Today, Hep B Surface Ag to be performed Today and Hep C AB W/ Ref to Hep C Virus RNA, Quan, R-T PCR (914388) to be performed Today.
3.	Assessment	Screening for HIV (human immunodeficiency virus) (Z11.4).
	Plan Orders	HIV Ab to be performed Today.
4.	Assessment	Encounter for screening for respiratory tuberculosis (Z11.1).
	Plan Orders	Further diagnostic evaluations ordered today include(s) XRAY, CHEST (2 VIEWS) to be performed.

Status	Ordered	Order	Timeframe	actComments
ordered	02/15/2016	CBC with Diff	Today	
ordered	02/15/2016	CMP	Today	
ordered	02/15/2016	SED rate, automated	Today	
ordered	02/15/2016	XRAY, CHEST (2 VIEWS)		
ordered	02/15/2016	HIV Ab	Today	
ordered	02/15/2016	Hep C AB W/ Ref to Hep C Virus RNA,	Today	

013

		Quan, R-T PCR (914388)	
ordered	02/15/2016	Hep B Surface Ab, Qual (499)	Today
ordered	02/15/2016	Hep B Surface Ag	Today

Medications *(Added, Continued or Stopped this visit)*

Started	Medication	Directions	Instruction	Stopped
	Adderall 20 mg tablet	take 1 tablet by oral route every day before breakfast		02/15/2016

Provider: Vicki Hackman MD 02/15/2016 10:10 AM
Document generated by: Vicki Hackman 02/15/2016 10:10 AM

Electronically signed by Vicki Hackman MD on 02/15/2016 09:11 PM

007

WHITE HOUSE CLINICS

PATIENT: Markcus Kitchens
DATE OF BIRTH: [redacted]
DATE: 07/26/2017 09:21 AM
HISTORIAN: self
VISIT TYPE: Office Visit
PROVIDER: Vicki Hackman, MD

This 25 year old male presents for med refill.

History of Present Illness:

1. med refill
last seen 2/2016;
finished 1st year of med school; working with daniel lee in richond and leaves in september to go back; has 1 more year there at basic science and 2 y of clinical ;
on adderal since 2014;
says he was focusing better on adderall;

Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

VITAL SIGNS

Time	BP mm/Hg	Pulse /min	Resp /min	Temp F	Ht ft	Ht in	Ht cm	Wt lb	Wt oz	Wt kg	Weight %	BMI kg/m2	BMI %	BSA m2	O2 Sat%
9:30 AM	100/62	73	18	97.50	5.0	11.00	180.34	140.00		63.503		19.53	0		98

MEASURED BY

Time	Measured by
9:30 AM	Hazel Bray, CMA

EXHIBIT
PX17
exhibitsticker.com

008

Physical Exam

Exam	Findings	Details
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Attention and concentration deficit (R41.840).
	Provider Plan	is asking me to write an rx for adderall; he is leaving for poland in september; He says poland does not prescribe adderall for ADHD but was told if he had an MD here to write a letter, he could get it there. I told him I could not do that but I could refer him to a specialist for evaluation and get their opinion about him needing the medication. He was not happy with this; says he was seeing colleen and then Dr David was writing his rx and he brought in a bottle dated 2016 as last rx.
	Plan Orders	Referrals: Psychiatry. Evaluate and treat.

Status	Ordered	Order	Timeframe	actComments
ordered	07/26/2017	Referrals: Psychiatry. Evaluate and treat		needs evaluated for ADHD; is going overseas in september and has been on adderall in past; please evaluate ; needs recommendations and treatment

Provider: Vicki Hackman MD 07/26/2017 10:00 AM

Vicki L Hackman MD.

Document generated by: Vicki Hackman 07/26/2017 10:00 AM

009

Electronically signed by Vicki Hackman MD on 07/26/2017 12:59 PM

003

WHITE HOUSE CLINICS

PATIENT:	Markcus Kitchens
DATE OF BIRTH:	[redacted]
DATE:	05/25/2018 04:18 PM
HISTORIAN:	self
VISIT TYPE:	Office Visit
PROVIDER:	Vicki Hackman, MD

This 26 year old male presents for discuss service dog.

History of Present Illness:

1. discuss service dog
back from Poland 5/11/2018
GGM passed so back a little early;
going back in the fall;
moving to chicago

had vomiting and diarrhea and seen in ER SJB;
6 episodes of vomiting;
given IV fluids
was Wednesday:
completely back to himself;
got to get more rest;

says his stress level has always been bad
getting ready to move to northen illinois;
dogs he has
Brandy is emotional service animal
Lexie is certified 11/15/2018
neither could go to Poland due to travel;

stayed here with his wife; now they are moving; ;

has paperwork
stress level always peaks; and making himself sick
was seeing colleen when he was in college here;
not taking any antidepressants
says he should still be on adderall; I sent him to lexington for evaluation;
has not been on it for awhile
taking some OTC medication bid that is to help with concentration;

has appt tuesday with cardiologists ;

EXHIBIT
PX18
exhibitsticker.com

had been having palpitations and wore a holter

004

SOCIAL HISTORY (Detailed)
Tobacco use reviewed.
Preferred language is *English.
EDUCATION/EMPLOYMENT/OCCUPATION

Employment	History	Status	Retired	Restrictions
	Store manager 1 y			

MARITAL STATUS/FAMILY/SOCIAL SUPPORT
Currently single.
ALCOHOL
There is no history of alcohol use.
TOBACCO
Smoking status: Never smoker.

Use Status	Type	Smoking Status	Usage Per Day	Years Used	Total Pack Years
no/never		Never smoker			

Allergies

No known allergies.

Ingredient	Reaction	Medication Name	Comment
NO KNOWN ALLERGIES			

Reviewed, no changes.

VITAL SIGNS

HEIGHT

Time	ft	in	cm	Last Measured	Height Position	%
4:38 PM	5.0	11.00	180.34	05/25/2018	0	

WEIGHT/BSA/BMI

Time	lb	oz	kg	Context	Weight %	BMI kg/m2	BMI %	BSA m2
4:38 PM	140.20		63.594	dressed with shoes		19.55	0	

BLOOD PRESSURE

Time	BP mm/Hg	Position	Side	Site	Method	Cuff Size
4:38 PM	118/82	sitting	right	arm	manual	adult

TEMPERATURE/PULSE/RESPIRATION

Time	Temp F	Temp C	Temp Site	Pulse/min	Pattern	Resp/ min
4:38 PM	97.80	36.56	oral	75		18

005

PULSE OXIMETRY/FIO2

Time	Pulse Ox (Rest %)	Pulse Ox (Amb %)	O2 Sat	O2 L/Min	Timing	FiO2 %	L/min	Delivery Method	Finger Probe
4:38 PM	99								

MEASURED BY

Time	Measured by
4:38 PM	Hazel Bray, CMA

Physical Exam

Exam	Findings	Details
General Exam	Comments	tall thin in NAD
Psychiatric	Normal	Orientation - Oriented to time, place, person & situation. Appropriate mood and affect.

Completed Orders (this encounter)

Order	Details	Reason	Side	Interpretation	Result	Initial Treatment Date	Region
PHQ-9 completed				Mild depression	7		

Assessment/Plan

#	Detail Type	Description
1.	Assessment	Attention-deficit hyperactivity disorder, unspecified type (F90.9).
	Plan Orders	Referrals: Mental Health Counselor. Evaluate and treat.
2.	Assessment	Anxiety (F41.9).
3.	Other Orders	Orders not associated to today's assessments.
	Plan Orders	The patient had the following procedure(s) completed today PHQ-9 completed..

Status	Ordered	Order	Timeframe	actComments
ordered	05/25/2018	Referrals: Mental Health Counselor. Evaluate and treat		please evaulate and give opinon about the need for emotional service dogs;

Medications *(Added, Continued or Stopped this visit)*

Started	Medication	Directions	Instruction	Stopped
	loperamide 2 mg capsule	take 2 capsule by oral route after 1st loose stool, followed by 1 capsule after each subsequent loose stool not to exceed 16 mg/day		
	ondansetron 4 mg disintegrating tablet	take 1 tablet by oral route every 6 hours for 2 days and place on top of the tongue where it will dissolve, then		

swallow

006

Provider: Vicki Hackman MD 05/25/2018 05:05 PM

Vicki L. Hackman MD.

Document generated by: Vicki Hackman 05/25/2018 05:05 PM

Electronically signed by Vicki Hackman MD on 05/27/2018 12:11 PM

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

3/23/2021 1:15 PM BAPTIST HEALTH MEDICAL GROUP PRIMARY CARE 859-624-6366

Instructions from Arthur G Yin, MD

Today's medication changes

START taking:
propranolol (INDERAL)

STOP taking:
busPIRone 5 MG tablet (BUSPAR)

Accurate as of March 23, 2021 11:59 PM.
Review your updated medication list below.

Pick up these medications at WALGREENS DRUG STORE #19411 - RICHMOND, KY - 654 UNIVERSITY SHOPPING CENTER AT UNIVERSITY SHOPING CNTR & LANCASTER - 859-623-7326 PH - 859-626-9679 FX

amphetamine-dextroamphetamine • propranolol

Address: 654 UNIVERSITY SHOPPING CENTER, RICHMOND KY 40475-2614
Phone: 859-623-7326

Today's Visit

You saw Arthur G Yin, MD on Tuesday March 23, 2021. The following issue was addressed: Anxiety.

Blood Pressure 122/80	BMI 19.94	Weight 143 lb	Height 71"
Temperature 99.3 °F	Pulse 79	Oxygen Saturation 99%	

What's Next

You currently have no upcoming appointments scheduled.

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

EXHIBIT
PX19
exhibitsticker.com

Your Medication List as of March 23, 2021 11:59 PM

ⓘ Always use your most recent med list.

amphetamine-dextroamphetamine 15 MG tablet Commonly known as: ADDERALL	Take 1 tablet by mouth 2 (Two) Times a Day.
START **propranolol** 20 MG tablet Commonly known as: INDERAL Started by: Arthur G Yin, MD	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

Progress Notes

Arthur G Yin at 08/05/21 1039

Author: Arthur G Yin | Service: — | Author Type: Physician
Filed: 08/05/21 1039 | Encounter Date: 8/5/2021 | Status: Addendum
Editor: Arthur G Yin (Physician)
Related Notes: Original Note by Arthur G Yin (Physician) filed at 08/05/21 1002

Procedure Orders
1. Ear Cerumen Removal [355393144] ordered by Yin, Arthur G, MD
Post-procedure Diagnoses
1. Bilateral impacted cerumen [H61.23]

Subjective

Markcus Kitchens is a 29 y.o. male.

Chief Complaint
Patient presents with
- Follow-up
- ADD
- Anxiety

History of Present Illness
Patient here for follow-up. Anxiety especially test anxiety much improved after propranolol. ADD stable on medication needs medicine refill. No palpitation headache blood pressure problem no chest pain no short of breath. Patient also complains of earwax both sides.

Current Outpatient Medications:
- amphetamine-dextroamphetamine (ADDERALL) 15 MG tablet, Take 1 tablet by mouth 2 (Two) Times a Day., Disp: 60 tablet, Rfl: 0
- propranolol (INDERAL) 20 MG tablet, Take 1 tablet by mouth 3 (Three) Times a Day., Disp: 270 tablet, Rfl: 3

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Review of Systems
Constitutional: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Musculoskeletal: Negative.
Skin: Negative.
Neurological: Negative.
Psychiatric/Behavioral: Negative.

Objective

Physical Exam
Constitutional:
Appearance: He is well-developed.
HENT:
Ears:
Comments: **Cerumen impaction bilaterally**
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: Normal heart sounds.
Pulmonary:
Effort: Pulmonary effort is normal.
Breath sounds: Normal breath sounds.
Abdominal:
General: Bowel sounds are normal.
Palpations: Abdomen is soft.

EXHIBIT
PX20
exhibitsticker.com

Musculoskeletal:
Cervical back: Neck supple.
Neurological:
Mental Status: He is alert and oriented to person, place, and time.
Psychiatric:
Behavior: Behavior normal.

All tests have been reviewed.

Assessment/Plan

Diagnoses and all orders for this visit:

Bilateral impacted cerumen

Attention deficit disorder, unspecified hyperactivity presence
- amphetamine-dextroamphetamine (ADDERALL) 15 MG tablet; Take 1 tablet by mouth 2 (Two) Times a Day.

Test anxiety
- propranolol (INDERAL) 20 MG tablet; Take 1 tablet by mouth 3 (Three) Times a Day.

Ear Cerumen Removal

Date/Time: **8/5/2021 10:38 AM**
Performed by: **Yin, Arthur G, MD**
Authorized by: **Yin, Arthur G, MD**
Consent: **Verbal consent obtained**. **Written consent not obtained**.
Risks and benefits: **risks, benefits and alternatives were discussed**
Consent given by: **patient**
Patient understanding: **patient states understanding of the procedure being performed**

Anesthesia:
Local Anesthetic: **none**
Location details: **right ear and left ear**
Comments: **No complication**
Procedure type: **irrigation**
Sedation:
Patient sedated: **no**

3 months follow-up

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

8/5/2021 9:15 AM BAPTIST HEALTH MEDICAL GROUP PRIMARY CARE 859-624-6366

Instructions from Arthur G Yin, MD

Pick up these medications at MEIJER PHARMACY #258 - RICHMOND, KY - 2013 LANTERN RIDGE DR - 859-575-5064 PH - 859-575-5065 FX

amphetamine-dextroamphetamine • propranolol

Address: 2013 LANTERN RIDGE DR, RICHMOND KY 40475
Phone: 859-575-5064

Return in about 3 months
(around 11/5/2021) for Recheck.

Today's Visit

You saw Arthur G Yin, MD on Thursday August 5, 2021. The following issue was addressed: Excess wax in both ears.

Blood Pressure	BMI	Weight	Height
120/80	20.08	144 lb	71"

Temperature	Pulse	Oxygen Saturation
97.3 °F	73	96%

Done Today

Ear Cerumen Removal for Excess wax in both ears

What's Next

You currently have no upcoming appointments scheduled.

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

Your Medication List as of August 5, 2021 11:59 PM

ⓘ Always use your most recent med list.

amphetamine-dextroamphetamine 15 MG tablet Commonly known as: ADDERALL	Take 1 tablet by mouth 2 (Two) Times a Day.
propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

PEACE OF MIND
Counseling

ADHD Assessment Questionnaire

What made you decide to seek an ADHD assessment?

I have a long history of ADHD. In apply for accommodations for my board exams argument it is important to have this assessment done, again. I cannot find the documentation from 2013 when I was last formally diagnosed

What symptoms are causing problems in your/their life now?

The ability to focus, mood swings, decrease in follow through to complete assignments. difficulty in reading/comprehending extensive readings under pressure (time). Afftecting my daily life with my family and mental state

How are these symptoms interfering in your/their life now?

Difficulty in reading and comprehension while under stress. It takes much much longer then most. At times i find myself reading a sentence more then once to make sure i fully understand. focusing on details, embarrassment, pressure, difficulty sleep

When was the first time you noticed these symptoms?

I was in the first grade when my teacher first brought it to my mother's attention. I saw a docotor for diagnosis then but later in 2013 was reevualuated on my own accorded because i knew something wasnt right.

What goals do you have for the assessment?

My goal is to bring awareness to others that ADHD is a disability that can effect all aspects of someone life.

EXHIBIT
PX21
exhibitsticker.com

Doc. #1

PEACE OF MIND Counseling

PHQ-9

Peace of Mind Counseling
Patient: Markcus Z Kitchens, DOB [redacted]

Date: February 07, 2023

Scoring and Interpretation

Score 13

Total Score	Depression Severity
0-4	Minimal Depression
5-9	Mild Depression
10-14	**Moderate Depression**
15-19	Moderately Severe Depression
20-27	Severe Depression

For Initial Diagnosis:

If there are at least 4 selections in the highlighted section (including Questions #1 and #2), consider a depressive disorder. Add score to determine severity.
Consider Major Depressive Disorder if there are at least 5 selections in the highlighted section (one of which corresponds to Question #1 or #2).
Consider other Depressive Disorder if there are 2-4 selections in the highlighted section (one of which corresponds to Question #1 or #2).

Note: since the questionnaire relies on patient self-report, all responses should be verified by the clinician, and a definitive diagnosis is made on clinical grounds taking into account how well the patient understood the questionnaire, as well as other relevant information from the patient.

PHQ-9 Results

Over the last two (2) weeks, how often have you been bothered by any of the following problems:

Score	Question	Patient Response			
1	Little interest or pleasure in doing things	Not at all	**Several days**	More than half the days	Nearly every day
1	Feeling down, depressed, or hopeless	Not at all	**Several days**	More than half the days	Nearly every day
2	Trouble falling or staying asleep, or sleeping too much	Not at all	Several days	**More than half the days**	Nearly every day
1	Feeling tired or having little energy	Not at all	**Several days**	More than half the days	Nearly every day

EXHIBIT
PX22
exhibitsticker.com

Doc # 8

PEACE OF MIND Counseling

PHQ-9

Peace of Mind Counseling

Date: February 07, 2023

Patient: Markcus Z Kitchens, DOB [redacted]

0	Poor appetite or overeating	**Not at all**	Several days	More than half the days	Nearly every day
3	Feeling bad about yourself — or that you are a failure or have let yourself or your family down	Not at all	Several days	More than half the days	**Nearly every day**
3	Trouble concentrating on things, such as reading the newspaper or watching television	Not at all	Several days	More than half the days	**Nearly every day**
2	Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	Not at all	Several days	**More than half the days**	Nearly every day
0	Thoughts that you would be better off dead or of hurting yourself in some way	**Not at all**	Several days	More than half the days	Nearly every day
	How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	Very difficult	**Extremely difficult**

Total
13

Portal Submission: Markcus Z Kitchens submitted the PHQ-9 via the client portal on February 07, 2023.

PEACE OF MIND

GAD-7

Peace of Mind Counseling
Patient: Markcus Z Kitchens, DOB [redacted]

Date: February 07, 2023

Scoring and Interpretation

Score 17

Severe Anxiety
Thorough assessment and treatment are indicated. There is a high likelihood of an anxiety or related disorder.

Total Score	Severity
0-4	Minimal Anxiety
5-9	Mild Anxiety
10-14	Moderate Anxiety
15-21	**Severe Anxiety**

GAD-7 Results

Over the last two (2) weeks, how often have you been bothered by any of the following problems:

Score	Question	Patient Response			
3	Feeling nervous, anxious or on edge	Not at all	Several days	More than half the days	**Nearly every day**
3	Not being able to stop or control worrying	Not at all	Several days	More than half the days	**Nearly every day**
2	Worrying too much about different things	Not at all	Several days	**More than half the days**	Nearly every day
3	Trouble relaxing	Not at all	Several days	More than half the days	**Nearly every day**
2	Being so restless that it is hard to sit still	Not at all	Several days	**More than half the days**	Nearly every day
1	Becoming easily annoyed or irritable	Not at all	**Several days**	More than half the days	Nearly every day
3	Feeling afraid as if something awful might happen	Not at all	Several days	More than half the days	**Nearly every day**
	How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all	Somewhat difficult	**Very difficult**	Extremely difficult
Total 17					

Spitzer RL, Kroenke K, Williams JBW, Löwe B. A brief measure for assessing generalized anxiety disorder: the GAD-7. Arch Intern Med 2006;166:1092-1097.

EXHIBIT
PX23
exhibitsticker.com

Doc #9
PX0080

PEACE OF MIND Counseling

GAD-7

Peace of Mind Counseling

Patient: Markcus Z Kitchens, DOB [redacted]

Date: February 07, 2023

Portal Submission: Markcus Z Kitchens submitted the GAD-7 via the client portal on February 07, 2023.

PEACE OF MIND Counseling

Psychological Evaluation

Peace of Mind Counseling
Clinician: Christina Bacon, LPP
Patient: Markcus Z Kitchens, DOB [redacted]

Date and Time: February 7, 2023 3:45PM
Service Code: 96130
Location: Telehealth
Participants: Client only

Requesting Party

The client requested the assessment for ADHD based on his history of diagnosis and the need for accommodations when taking the medical exam for his occupation.

Purpose of Evaluation

The client participated in the semi-structured clinical interview and the DIVA 2.0.

Procedures

60 minutes Clinical Interview

Total Time Spent

60 minutes

Diagnosis

F90.2 Attention-Deficit/Hyperactivity Disorder, Combined presentation

Additional Comments

The client has a history of ADHD diagnosis and treatment since early childhood. The assessment is going to be used to support the argument for accommodations for testing.

Report released to: not released
Follow-up appointment: Follow-up appointment scheduled for February 8, 2023

Christina Bacon, LPP, Licensed Psychological Practitioner, License #247601 signed this note and declared this information to be accurate and complete on February 8, 2023 at 11:14PM.

EXHIBIT
PX24
exhibitsticker.com

Doc #10

ENGLISH

DIVA 2.0

Diagnostic Interview for ADHD in adults (DIVA)

Diagnostisch **I**nterview **V**oor **A**DHD bij volwassenen

DIVA Foundation

diagnostic interview for ADHD in adults

J.J.S. Kooij, MD, PhD & M.H

2010, DIVA Foundation,

Colophon

The Diagnostic Interview for ADHD in adults (DIVA) is a publication of the DIVA Foundation, The Hague, The Netherlands, August 2010. The original English translation by Vertaalbureau Boot was supported by Janssen-Cilag B.V. Back-translation into Dutch by Sietske Helder. Revison by dr. J.J.S. Kooij, DIVA Foundation and Prof. Philip Asherson, Institute of Psychiatry, London.

Introduction

According to the DSM-IV, ascertaining the diagnosis of ADHD in adults involves determining the presence of ADHD symptoms during both childhood and adulthood.

The main requirements for the diagnosis are that the onset of ADHD symptoms occurred during childhood and that this was followed by a lifelong persistence of the characteristic symptoms to the time of the current evaluation. The symptoms need to be associated with significant clinical or psychosocial impairments that affect the individual in two or more life situations[1]. Because ADHD in adults is a lifelong condition that starts in childhood, it is necessary to evaluate the symptoms, course and level of associated impairment in childhood, using a retrospective interview for childhood behaviours. Whenever possible the information should be gathered from the patient and supplemented by information from informants that knew the person as a child (usually parents or close relatives)[2].

The Diagnostic Interview for ADHD in Adults (DIVA)

The DIVA is based on the DSM-IV criteria and is the first structured Dutch interview for ADHD in adults. The DIVA has been developed by J.J.S. Kooij and M.H. Francken and is the successor of the earlier Semi-Structured Interview for ADHD in adults[2,3].

In order to simplify the evaluation of each of the 18 symptom criteria for ADHD, in childhood and adulthood, the interview provides a list of concrete and realistic examples, for both current and retrospective (childhood) behaviour. The examples are based on the common descriptions provided by adult patients in clinical practice. Examples are also provided of the types of impairments that are commonly associated with the symptoms in five areas of everyday life: work and education; relationships and family life; social contacts; free time and hobbies; self-confidence and self-image.

Whenever possible the DIVA should be completed with adults in the presence of a partner and/or family member, to enable retrospective and collateral information to be ascertained at the same time. The DIVA usually takes around one and a half hours to complete.

The DIVA only asks about the core symptoms of ADHD required to make the DSM-IV diagnosis of ADHD, and does not ask about other co-occurring psychiatric symptoms, syndromes or disorders. However comorbidity is commonly seen in both children and adults with ADHD, in around 75% of cases. For this reason, it is important to complete a general psychiatric assessment to enquire about commonly co-occurring symptoms, syndromes and disorders. The most common mental health problems that accompany ADHD include anxiety, depression, bipolar disorder, substance abuse disorders and addiction, sleep problems and personality disorders, and all these should be investigated. This is needed to understand the full range of symptoms experienced by the individual with ADHD; and also for the differential diagnosis, to exclude other major psychiatric disorders as the primary cause of 'ADHD symptoms' in adults[2].

Instructions for performing the DIVA

The DIVA is divided into three parts that are each applied to both childhood and adulthood:

- The criteria for Attention Deficit (A1)
- The criteria for Hyperactivity-Impulsivity (A2)
- The Age of Onset and Impairment accounted for by ADHD symptoms

Start with the first set of *DSM-IV criteria for attention deficit* (A1), followed by the second set of criteria for *hyperactivity/impulsivity* (A2). Ask about each of the 18 criteria in turn. For each item take the following approach:

First ask about adulthood (symptoms present in the last 6-months or more) and then ask about the same symptom in childhood (symptoms between the ages of 5 to 12 years)[4-6]. Read each question fully and ask the person being interviewed whether they recognise this problem and to provide examples. Patients will often give the same examples as those provided in the DIVA, which can then be ticked off as present. If they do not recognise the symptoms or you are not sure if their response is specific to the item in question, then use the examples, asking about each example in turn. For a problem behaviour or symptom to be scored as present, the problem should occur more frequently or at a more severe level than is usual in an age and IQ matched peer group, or to be closely associated with impairments. Tick off each of the examples that are described by the patient. If alternative examples that fit the criteria are given, make a note of these under "other". To score an item as present it is not necessary to score all the examples as present, rather the aim is for the investigator to obtain a clear picture of the presence or absence of each criterion.

For each criterion, ask whether the partner or family member agrees with this or can give further examples of problems that relate to each item. As a rule, the partner would report on adulthood and the family member (usually parent or older relative) on childhood. The clinician has to use clinical judgement in order to determine the most accurate answer. If the answers conflict with one another, the rule of thumb is that the patient is usually the best informant[7].

The information received from the partner and family is mainly intended to supplement the information obtained from the patient and to obtain an accurate account of both current and childhood behaviour; the informant information is particularly useful for childhood since many patients have difficulty recalling their own behaviour retrospectively. Many people have a good recall for behaviour from around the age of 10-12 years of age, but have difficulty for the pre-school years.

For each criterion, the researcher should make a decision about the presence or absence in both stages of life, taking into account the information from all the parties involved. If collateral information cannot be obtained, the diagnosis should be based on the patient's recall alone. If school reports are available, these can help to give an idea of the symptoms that were noticed in the classroom during childhood and can be used to support the diagnosis. Symptoms are considered to be clinically relevant if they occurred to a more severe degree and/or more frequently than in the peer group or if they were impairing to the individual.

Age of onset and impairment

The third section on *Age of Onset* and *Impairment accounted for by the symptoms* is an essential part of the diagnostic criteria. Find out whether the patient has always had the symptoms and, if so, whether any symptoms were present before 7-years of age. If the symptoms did not commence till later in life, record the age of onset.

Then ask about the examples for the different situations in which impairment can occur, first in adulthood then in childhood. Place a tick next to the examples that the patient recognises and indicate whether the impairment is reported for two or more domains of functioning. For the disorder to be present, it should cause impairment in at least two situations, such as work and education; relationships and family life; social contacts; free time and hobbies; self-confidence and self-image, and be at least moderately impairing.

Summary of symptoms

In the *Summary of Symptoms of Attention Deficit* (A) *and Hyperactivity-Impulsivity* (HI), indicate which of the 18 symptom criteria are present in both stages of life; and sum the number of criteria for inattention and hyperactivity/impulsivity separately.

Finally, indicate on the *Score Form* whether six or more criteria are scored for each of the symptom domains of Attention Deficit (A) and Hyperactivity-Impulsivity (HI). For each domain, indicate whether there was evidence of a lifelong persistent course for the symptoms, whether the symptoms were associated with impairment, whether impairment occurred in at least two situations, and whether the symptoms might be better explained by another psychiatric disorder. Indicate the degree to which

the collateral information, and if applicable school reports, support the diagnosis. Finally, conclude whether the diagnosis of ADHD can be made and which subtype (with DSM-IV code) applies.

Explanation to be given beforehand to the patient

This interview will be used to ask about the presence of ADHD symptoms that you experienced during your childhood and adulthood. The questions are based on the official criteria for ADHD in the DSM-IV. For each question I will ask you whether you recognise the problem. To help you during the interview I will provide some examples of each symptom, that describe the way that children and adults often experience difficulties related to each of the symptoms of ADHD. First of all, you will be asked the questions, then your partner and family members (if present) will be asked the same questions. Your partner will most likely have known you only since adulthood and will be asked questions about the period of your life that he or she knew you for; your family will have a better idea of your behaviour during childhood. Both stages of your life need to be investigated in order to be able to establish the diagnosis of ADHD.

References

1. American Psychiatric Association (APA): Diagnostic and Statistical Manual of Mental Disorders, Text Revision, Fourth Edition. Washington DC, 2000.
2. Diagnostic Interview for ADHD in Adults 2.0 (DIVA 2.0), in: Kooij, JJS. Adult ADHD. Diagnostic assessment and treatment. Pearson Assessment and Information BV, Amsterdam, 2010.
3. Kooij JJS, Francken MH: Diagnostisch Interview Voor ADHD (DIVA) bij volwassenen. Online available at *www.kenniscentrumadhdbijvolwassenen.nl*, 2007 and published in English in reference 2.
4. Applegate B, Lahey BB, Hart EL, Biederman J, Hynd GW, Barkley RA, Ollendick T, Frick PJ, Greenhill L, McBurnett K, Newcorn JH, Kerdyk L, Garfinkel B, Waldman I, Shaffer D: Validity of the age-of-onset criterion for ADHD: a report from the DSM-IV field trials. J Am Acad Child Adolesc Psychiatry 1997; 36(9):1211-21
5. Barkley RA, Biederman J: Toward a broader definition of the age-of-onset criterion for attention-deficit hyperactivity disorder. J Am Acad Child Adolesc Psychiatry 1997; 36(9):1204-10
6. Faraone SV, Biederman J, Spencer T, Mick E, Murray K, Petty C, Adamson JJ, Monuteaux MC: Diagnosing adult attention deficit hyperactivity disorder: are late onset and subthreshold diagnoses valid? Am J Psychiatry 2006;163(10):1720-9
7. Kooij JJS, Boonstra AM, Willemsen-Swinkels SHN, Bekker EM, Noord Id, Buitelaar JL: Reliability, validity, and utility of instruments for self-report and informant report regarding symptoms of Attention-Deficit/Hyperactivity Disorder (ADHD) in adult patients. J Atten Disorders 2008; 11(4):445-458

Name of the patient

Date of birth

Sex: ☐ M / ☐ F

Date of interview

Name of researcher

Patient number

Part 1: Symptoms of attention-deficit (DSM-IV criterion A1)

Instructions: the symptoms in adulthood have to have been present for at least 6 months. The symptoms in childhood relate to the age of 5-12 years. For a symptom to be ascribed to ADHD it should have a chronic trait-like course and should not be episodic.

A1 Do you often fail to give close attention to detail, or do you make careless mistakes in your work or during other activities? *And how was that during childhood?*

Examples during adulthood:

- ■ Makes careless mistakes
- ■ Works slowly to avoid mistakes
- ■ Does not read instructions carefully
- ☐ Difficulty working in a detailed way
- ■ Too much time needed to complete detailed tasks
- ☐ Gets easily bogged down by details
- ■ Works too quickly and therefore makes mistakes
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

Examples during childhood:

- ■ Careless mistakes in schoolwork
- ■ Mistakes made by not reading questions properly
- ■ Leaves questions unanswered by not reading them properly
- ☐ Leaves the reverse side of a test unanswered
- ■ Others comment about careless work
- ☐ Not checking the answers in homework
- ■ Too much time needed to complete detailed tasks
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

A2 Do you often find it difficult to sustain your attention on tasks? *And how was that during childhood?*

Examples during adulthood:

- [■] Not able to keep attention on tasks for long*
- [■] Quickly distracted by own thoughts or associations
- [■] Finds it difficult to watch a film through to the end, or to read a book*
- [■] Quickly becomes bored with things*
- [ ] Asks questions about subjects that have already been discussed
- [ ] Other:

*Unless the subject is found to be really interesting (e.g. computer or hobby)

Symptom present: [ ] Yes / [ ] No

Examples during childhood:

- [■] Difficulty keeping attention on schoolwork
- [ ] Difficulty keeping attention on play*
- [■] Easily distracted
- [■] Difficulty concentrating*
- [ ] Needing structure to avoid becoming distracted
- [■] Quickly becoming bored of activities*
- [ ] Other:

*Unless the subject is found to be really interesting (e.g. computer or hobby)

Symptom present: [ ] Yes / [ ] No

A3 Does it often seem as though you are not listening when you are spoken to directly? *And how was that during childhood?*

Examples during adulthood:

- [■] Dreamy or preoccupied
- [■] Difficulty concentrating on a conversation
- [■] Afterwards, not knowing what a conversation was about
- [■] Often changing the subject of the conversation
- [■] Others saying that your thoughts are somewhere else
- [ ] Other:

Symptom present: [ ] Yes / [ ] No

Examples during childhood:

- [■] Not knowing what parents/teachers have said
- [■] Dreamy or preoccupied
- [■] Only listening during eye contact or when a voice is raised
- [■] Often having to be addressed again
- [ ] Questions having to be repeated
- [ ] Other:

Symptom present: [ ] Yes / [ ] No

A4 Do you often fail to follow through on instructions and do you often fail to finish jobs or fail to meet obligations at work? *And how was that during childhood (when doing schoolwork as opposed to when at work)?*

Examples during adulthood:

- ■ Does things that are muddled up together without completing them
- ■ Difficulty completing tasks once the novelty has worn off
- ■ Needing a time limit to complete tasks
- ■ Difficulty completing administrative tasks
- ☐ Difficulty following instructions from a manual
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

Examples during childhood:

- ■ Difficulty following instructions
- ■ Difficulty with instructions involving more than one step
- ■ Not completing things
- ■ Not completing homework or handing it in
- ■ Needing a lot of structure in order to complete tasks
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

A5 Do you often find it difficult to organise tasks and activities? *And how was that during childhood?*

Examples during adulthood:

- ■ Difficulty with planning activities of daily life
- ☐ House and/or workplace are disorganised
- ■ Planning too many tasks or non-efficient planning
- ☐ Regularly booking things to take place at the same time (double-booking)
- ■ Arriving late
- ☐ Not able to use an agenda or diary consistently
- ■ Inflexible because of the need to keep to schedules
- ■ Poor sense of time
- ☐ Creating schedules but not using them
- ☐ Needing other people to structure things
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

Examples during childhood:

- ■ Difficulty being ready on time
- ☐ Messy room or desk
- ☐ Difficulty playing alone
- ☐ Difficulty planning tasks or homework
- ☐ Doing things in a muddled way
- ■ Arriving late
- ■ Poor sense of time
- ☐ Difficulty keeping himself/herself entertained
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

A6 Do you often avoid (or do you have an aversion to, or are you unwilling to do) tasks which require sustained mental effort? *And how was that during childhood?*

Examples during adulthood:

- [x] Do the easiest or nicest things first of all
- [ ] Often postpone boring or difficult tasks
- [x] Postpone tasks so that deadlines are missed
- [x] Avoid monotonous work, such as administration
- [x] Do not like reading due to mental effort
- [ ] Avoidance of tasks that require a lot of concentration
- [x] Other:

reads slowly

Symptom present: ☐ Yes / ☐ No

Examples during childhood:

- [x] Avoidance of homework or has an aversion to this
- [x] Reads few books or does not feel like reading due to mental effort
- [ ] Avoidance of tasks that require a lot of concentration
- [x] Aversion to school subjects that require a lot of concentration
- [ ] Often postpones boring or difficult tasks.
- [ ] Other:

Symptom present: ☐ Yes / ☐ No

A7 Do you often lose things that are needed for tasks or activities? *And how was that during childhood?*

Examples during adulthood:

- [x] Mislays wallet, keys, or agenda
- [x] Often leaves things behind
- [ ] Loses papers for work
- [x] Loses a lot of time searching for things
- [x] Gets in a panic if other people move things around
- [ ] Stores things away in the wrong place
- [x] Loses notes, lists or telephone numbers
- [ ] Other:

Symptom present: ☐ Yes / ☐ No

Examples during childhood:

- [ ] Loses diaries, pens, gym kit or other items
- [x] Mislays toys, clothing, or homework
- [x] Spends a lot of time searching for things
- [x] Gets in a panic if other people move things around
- [x] Comments from parents and/or teacher about things being lost
- [ ] Other:

Symptom present: ☐ Yes / ☐ No

A8

Are you often easily distracted by external stimuli? *And how was that during childhood?*

Examples during adulthood:

- ■ Difficulty shutting off from external stimuli
- ■ After being distracted, difficult to pick up the thread again
- ■ Easily distracted by noises or events
- ■ Easily distracted by the conversations of others
- ■ Difficulty in filtering and/or selecting information
- ❑ Other:

Symptom present: ❑ Yes / ❑ No

Examples during childhood:

- ❑ In the classroom, often looking outside
- ❑ Easily distracted by noises or events
- ❑ After being distracted, has difficulty picking up the thread again
- ❑ Other:

Symptom present: ❑ Yes / ❑ No

A9

Are you often forgetful during daily activities? *And how was that during childhood?*

Examples during adulthood:

- ■ Forgets appointments or other obligations
- ❑ Forgets keys, agenda etc.
- ■ Needs frequent reminders for appointments
- ■ Returning home to fetch forgotten things
- ■ Rigid use of lists to make sure things aren't forgotten
- ■ Forgets to keep or look at daily agenda
- ❑ Other:

notes and whiteboards everywhere

Symptom present: ❑ Yes / ❑ No

Examples during childhood:

- ❑ Forgets appointments or instructions
- ❑ Has to be frequently reminded of things
- ❑ Half-way through a task, forgetting what has to be done
- ❑ Forgets to take things to school
- ❑ Leaving things behind at school or at friends' houses
- ❑ Other:

Symptom present: ❑ Yes / ❑ No

Supplement criterion A

Adulthood:
Do you have more of these symptoms of attention deficit than other people, or do you experience these more frequently than other people of your age?
■ Yes / ❑ No

Childhood:
Did you have more of these symptoms of attention deficit than other children of your age, or did you experience these more frequently than other children of your age?
■ Yes / ❑ No

Part 2: Symptoms of hyperactivity-impulsivity (DSM-IV criterion A2)

Instructions: the symptoms in adulthood have to have been present for at least 6 months. The symptoms in childhood relate to the age of 5-12 years. For a symptom to be ascribed to ADHD it should have a chronic trait-like course and should not be episodic.

H/I 1

Do you often move your hands or feet in a restless manner, or do you often fidget in your chair?
And how was that during childhood?

Examples during adulthood:

- ■ Difficulty sitting still
- ■ Fidgets with the legs
- ■ Tapping with a pen or playing with something
- ■ Fiddling with hair or biting nails
- ■ Able to control restlessness, but feels stressed as a result
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

Examples during childhood:

- ■ Parents often said "sit still" or similar
- ☐ Fidgets with the legs
- ■ Tapping with a pen or playing with something
- ■ Fiddling with hair or biting nails
- ■ Unable to remain seated in a chair in a relaxed manner
- ☐ Able to control restlessness, but feels stressed as a result
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

H/I 2

Do you often stand up in situations where the expectation is that you should remain in your seat?
And how was that during childhood?

Examples during adulthood:

- ☐ Avoids symposiums, lectures, church etc.
- ■ Prefers to walk around rather than sit
- ■ Never sits still for long, always moving around
- ■ Stressed owing to the difficulty of sitting still
- ☐ Makes excuses in order to be able to walk around
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

Examples during childhood:

- ■ Often stands up while eating or in the classroom
- ■ Finds it very difficult to stay seated at school or during meals
- ■ Being told to remain seated
- ☐ Making excuses in order to walk around
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

H/I 3 Do you often feel restless? *And how was that during childhood?*

Examples during adulthood:

- [■] Feeling restless or agitated inside
- [ ] Constantly having the feeling that you have to be doing something
- [ ] Finding it hard to relax
- [ ] Other:

can stop himself from doing it but is restless

Symptom present: [ ] Yes / [ ] No

Examples during childhood:

- [■] Always running around
- [■] Climbing on furniture, or jumping on the sofa
- [■] Climbing in trees
- [■] Feeling restless inside
- [ ] Other:

Symptom present: [ ] Yes / [ ] No

H/I 4 Do you often find it difficult to engage in leisure activities quietly? *And how was that during childhood?*

Examples during adulthood:

- [ ] Talks during activities when this is not appropriate
- [ ] Becoming quickly too cocky in public
- [■] Being loud in all kinds of situations
- [■] Difficulty doing activities quietly
- [■] Difficulty in speaking softly
- [ ] Other:

Symptom present: [ ] Yes / [ ] No

Examples during childhood:

- [■] Being loud-spoken during play or in the classroom
- [■] Unable to watch TV or films quietly
- [■] Asked to be quieter or calm down
- [ ] Becoming quickly too cocky in public
- [ ] Other:

Symptom present: [ ] Yes / [ ] No

H/I 5 Are you often on the go or do you often act as if "driven by a motor"? *And how was that during childhood?*

Examples during adulthood:

- ☐ Always busy doing something
- ■ Has too much energy, always on the move
- ■ Stepping over own boundaries
- ■ Finds it difficult to let things go, excessively driven
- ☐ Other:

class president, music/pre-med major, student body president, voice on piano, mentor, VP surgery, class leader

Symptom present: ☐ Yes / ☐ No

Examples during childhood:

- ■ Constantly busy
- ■ Excessively active at school and at home
- ■ Has lots of energy
- ■ Always on the go, excessively driven
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

H/I 6 Do you often talk excessively? *And how was that during childhood?*

Examples during adulthood:

- ☐ So busy talking that other people find it tiring
- ■ Known to be an incessant talker
- ☐ Finds it difficult to stop talking
- ☐ Tendency to talk too much
- ☐ Not giving others room to interject during a conversation
- ☐ Needing a lot of words to say something
- ☐ Other:

has the urge but reads social cues

Symptom present: ☐ Yes / ☐ No

Examples during childhood:

- ■ Known as a chatterbox
- ■ Teachers and parents often ask you to be quiet
- ■ Comments in school reports about talking too much
- ■ Being punished for talking too much
- ☐ Keeping others from doing schoolwork by talking too much
- ☐ Not giving others room during a conversation
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

H/I 7 Do you often give the answer before questions have been completed? *And how was that during childhood?*

Examples during adulthood:

- ☐ Being a blabbermouth, saying what you think
- ☐ Saying things without thinking first
- ■ Giving people answers before they have finished speaking
- ■ Completing other people's words
- ☐ Being tactless
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

Examples during childhood:

- ☐ Being a blabbermouth, saying things without thinking first
- ■ Wants to be the first to answer questions at school
- ■ Blurts out an answer even if it is wrong
- ■ Interrupts others before sentences are finished
- ☐ Coming across as being tactless
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

H/I 8 Do you often find it difficult to await your turn? *And how was that during childhood?*

Examples during adulthood:

- ■ Difficulty waiting in a queue, jumping the queue
- ■ Difficulty in patiently waiting in the traffic/traffic jams
- ☐ Difficulty waiting your turn during conversations
- ■ Being impatient
- ☐ Quickly starting relationships/jobs, or ending/leaving these because of impatience
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

Examples during childhood:

- ☐ Difficulty waiting turn in group activities
- ☐ Difficulty waiting turn in the classroom
- ☐ Always being the first to talk or act
- ☐ Becomes quickly impatient
- ■ Crosses the road without looking
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

H/I 9 Do you often interrupt the activities of others, or intrude on others? *And how was that during childhood?*

Examples during adulthood:

- ■ Being quick to interfere with others
- ■ Interrupts others
- ■ Disturbes other people's activities without being asked
- ■ Comments from others about interference
- ■ Difficulty respecting the boundaries of others
- ☐ Having an opinion about everything and immediately expressing this
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

Examples during childhood:

- ☐ Impinges on the games of others
- ☐ Interrupts the conversations of others
- ☐ Reacts to everything
- ☐ Unable to wait
- ☐ Other:

Symptom present: ☐ Yes / ☐ No

Supplement criterion A

Adulthood:
Do you have more of these symptoms of hyperactivity/impulsivity than other people, or do you experience these more frequently than other people?
☐ Yes / ☐ No

Childhood:
Did you have more of these symptoms of hyperactivity/impulsivity than other children of your age, or did you experience these more frequently than other children of your age?
☐ Yes / ☐ No

Part 3: Impairment on account of the symptoms (DSM-IV criteria B, C and D)

Criterion B

Have you always had these symptoms of attention deficit and/or hyperactivity/impulsivity?

- ☐ Yes (a number of symptoms were present prior to the 7th year of age).
- ☐ No

If no is answered above, starting as from _____ year of age.

Criterion C

In which areas do you have / have you had problems with these symptoms?

Adulthood

Work/education

- [x] Did not complete education/training needed for work
- [ ] Work below level of education
- [ ] Tire quickly of a workplace
- [ ] Pattern of many short-lasting jobs
- [x] Difficulty with administrative work/planning
- [ ] Not achieving promotions
- [ ] Under-performing at work
- [ ] Left work following arguments or dismissal
- [ ] Sickness benefits/disability benefit as a result of symptoms
- [x] Limited impairment through compensation of high IQ
- [x] Limited impairment through compensation of external structure
- [ ] Other

test anxiety rather than ability

Relationship and/or family

- [ ] Tire quickly of relationships
- [ ] Impulsively commencing/ending relationships
- [x] Unequal partner relationship owing to symptoms
- [ ] Relationship problems, lots of arguments, lack of intimacy
- [ ] Divorced owing to symptoms
- [ ] Problems with sexuality as a result of symptoms
- [ ] Problems with upbringing as a result of symptoms
- [ ] Difficulty with housekeeping and/or administration
- [ ] Financial problems or gambling
- [ ] Not daring to start a relationship
- [ ] Other:

Childhood and adolescence

Education

- [x] Lower educational level than expected based on IQ
- [x] Staying back (repeating classes) as a result of concentration problems
- [ ] Education not completed / rejected from school
- [ ] Took much longer to complete education than usual
- [ ] Achieved education suited to IQ with a lot of effort
- [ ] Difficulty doing homework
- [ ] Followed special education on account of symptoms
- [ ] Comments from teachers about behaviour or concentration
- [ ] Limited impairment through compensation of high IQ
- [ ] Limited impairment through compensation of external structure
- [ ] Other:

Family

- [ ] Frequent arguments with brothers or sisters
- [x] Frequent punishment or hiding
- [ ] Little contact with family on account of conflicts
- [x] Required structure from parents for a longer period than would normally be the case
- [ ] Other:

Adulthood *(continuance)*

Social contacts

- ☐ Tire quickly of social contacts
- ☐ Difficulty maintaining social contacts
- ■ Conflicts as a result of communication problems
- ■ Difficulty initiating social contacts
- ■ Low self-assertiveness as a result of negative experiences
- ☐ Not being attentive (i.e. forget to send a card/ empathising/phoning, etc)
- ☐ Other:

Free time / hobby

- ☐ Unable to relax properly during free time
- ☐ Having to play lots of sports in order to relax
- ☐ Injuries as a result of excessive sport
- ☐ Unable to finish a book or watch a film all the way through
- ☐ Being continually busy and therefore becoming overtired
- ☐ Tire quickly of hobbies
- ☐ Accidents/loss of driving licence as a result of reckless driving behaviour
- ☐ Sensation seeking and/or taking too many risks
- ☐ Contact with the police/the courts
- ☐ Binge eating
- ☐ Other:

Self-confidence / self-image

- ■ Uncertainty through negative comments of others
- ■ Negative self-image due to experiences of failure
- ☐ Fear of failure in terms of starting new things
- ☐ Excessive intense reaction to criticism
- ☐ Perfectionism
- ■ Distressed by the symptoms of ADHD
- ☐ Other:

Childhood and adolescence *(continuance)*

Social contacts

- ☐ Difficulty maintaining social contacts
- ☐ Conflicts as a result of communication problems
- ☐ Difficulty entering into social contacts
- ☐ Low self-assertiveness as a result of negative experiences
- ☐ Few friends
- ☐ Being teased
- ☐ Shut out by, or not being allowed, to do things with a group
- ☐ Being a bully
- ☐ Other:

Free time/hobby

- ☐ Unable to relax properly during free time
- ☐ Having to play lots of sport to be able to relax
- ☐ Injuries as a result of excessive sport
- ☐ Unable to finish a book or watch a film all the way through
- ☐ Being continually busy and therefore becoming overtired
- ☐ Tired quickly of hobbies
- ☐ Sensation seeking and/or taking too many risks
- ☐ Contact with the police/courts
- ☐ Increased number of accidents
- ☐ Other:

Self-confidence / self-image

- ☐ Uncertainty through negative comments of others
- ☐ Negative self-image due to experiences of failure
- ☐ Fear of failure in terms of starting new things
- ☐ Excessive intense reaction to criticism
- ☐ Perfectionism
- ☐ Other:

Adulthood: Evidence of impairment in two or more areas?	❑ Yes / ❑ No
Childhood and adolescence: Evidence of impairment in two or more areas?	❑ Yes / ❑ No

End of the interview. Please continue with the summary.

Potential details:

Summary of symptoms A and H/I

Indicate which criteria were scored in parts 1 and 2 and add up

Criterion DSM-IV TR	Symptom	Present during adulthood	Present during child-hood
A1a	**A1.** Often fails to pay close attention to details, or makes careless mistakes in schoolwork, work or during other activities		
A1b	**A2.** Often has difficulty sustaining attention in tasks or play		
A1c	**A3.** Often does not seem to listen when spoken to directly		
A1d	**A4.** Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace		
A1e	**A5.** Often has difficulty organizing tasks and activities		
A1f	**A6.** Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as school of homework)		
A1g	**A7.** Often loses things necessary for tasks or activities		
A1h	**A8.** Often easily distracted by extraneous stimuli		
A1i	**A9.** Often forgetful in daily activities		
	Total number of criteria Attention Deficit	☐ / 9	☐ / 9
A2a	**H/I 1.** Often fidgets with hands or feet or squirms in seat		
A2b	**H/I 2.** Often leaves seat in classroom or in other situations in which remaining seated is expected		
A2c	**H/I 3.** Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults this may be limited to subjective feelings of restlessness)		
A2d	**H/I 4.** Often has difficulty playing or engaging in leisure activities quietly		
A2e	**H/I 5.** Is often on the go or often acts as if 'driven by a motor'		
A2f	**H/I 6.** Often talks excessively		
A2g	**H/I 7.** Often blurts out answers before questions have been completed		
A2h	**H/I 8.** Often has difficulty awaiting turn		
A2i	**H/I 9.** Often interrupts or intrudes on others		
	Total number of criteria Hyperactivity/Impulsivity	☐ / 9	☐ / 9

Note: This page is a summary of the previous pages and did not populate due to technology error. The submitted answers are on Previous Pages

Score form

DSM-IV criterion A	**Childhood** Is the number of A characteristics ≥ 6? Is the number of H/I characteristics ≥ 6? **Adulthood*** Is the number of A characteristics ≥ 6? Is the number of H/I characteristics ≥ 6?	 ❑ Yes / ❑ No ❑ Yes / ❑ No ❑ Yes / ❑ No ❑ Yes / ❑ No
DSM-IV criterion B	Are there signs of a lifelong pattern of symptoms and limitations?	❑ Yes / ❑ No
DSM-IV criterion C and D	The symptoms and the impairment are expressed in at least two domains of functioning Adulthood Childhood	 ❑ Yes / ❑ No ❑ Yes / ❑ No
DSM-IV criterion E	The symptoms cannot be (better) explained by the presence of another psychiatric disorder	❑ No Yes, by
	Is the diagnosis supported by collateral information? Parent(s)/brother/sister/other, i.e. ** Partner/good friend/other, i.e. ** School reports 0 = none/little support 1 = some support 2 = clear support	 ❑ N/A ❑ 0 ❑ 1 ❑ 2 ❑ N/A ❑ 0 ❑ 1 ❑ 2 ❑ N/A ❑ 0 ❑ 1 ❑ 2 Explanation:
	Diagnosis ADHD***	❑ No Yes, subtype ❑ 314.01 Combined type ❑ 314.00 Predominantly inattentive type ❑ 314.01 Predominantly hyperactive-impulsive type

* Research has indicated that at adult age, four or more characteristics of attention problems and/or hyperactivity-impulsivity are sufficient for the diagnosis of ADHD to be made. Kooij e.a., Internal and external validity of Attention-Deficit Hyperactivity Disorder in a population-based sample of adults. Psychological Medicine 2005; 35(6):817-827. Barkley RA: Age dependent decline in ADHD: True recovery or statistical illusion? The ADHD Report 1997; 5:1-5.

** Indicate from whom the collateral information was taken.

*** If the established sub-types differ in childhood and adulthood, the current adult sub-type prevails for the diagnosis.

CONNERS CPT 3

Continuous Performance Test 3rd Edition

C. Keith Conners, Ph.D.

Assessment Report

Name/ID:	MARKCUS KITCHENS
Age:	31
Gender:	Male
Birth Date:	[redacted]
Administration Date:	February 3, 2023
Normative Option:	Gender Specific norms
Input Device:	Keyboard
Assessor's Name:	
Medication/Notes:	

This Assessment Report is intended for use by qualified assessors only, and is not to be shown or presented to the respondent or any other unqualified individuals or used as the sole basis for clinical diagnosis or intervention. Administrators are cautioned against drawing unsupported interpretations. To obtain a comprehensive view of the individual, information from this report should be combined with information gathered from other psychometric measures, interviews, observations, and available records. This report is based on an algorithm that produces the most common interpretations of the obtained scores. Additional interpretive information is found in the *Conners CPT 3 Manual* (published by MHS).

EXHIBIT

PX26

exhibitsticker.com

Doc #12

Introduction

MHS

The Conners Continuous Performance Test 3rd Edition (Conners CPT 3™) assesses attention-related problems in individuals aged 8 years and older. During the 14-minute, 360-trial administration, respondents are required to respond when any letter appears, except the non-target letter "X." By indexing the respondent's performance in areas of inattentiveness, impulsivity, sustained attention, and vigilance, the Conners CPT 3 can be a useful adjunct to the process of diagnosing Attention-Deficit/Hyperactivity Disorder (ADHD), as well as other psychological and neurological conditions related to attention.

Validity of Administration

The Conners CPT 3 performs a validity check based on the number of hits and omission errors committed, as well as a self-diagnostic check of the accuracy of the timing of each administration. If there is an insufficient number of hits to compute scores, and/or if the omission error rate exceeds 25%, these issues will be noted. Also, the program will issue a warning message noting that the administration was invalid if a timing issue is detected.

There was no indication of any validity issues; the current administration should be considered valid.

Response Style Analysis

The variable *C* represents an individual's natural response style in tasks that involve a speed-accuracy trade-off. Based on his or her score on this variable, a respondent can be classified as having one of the following three response styles: a **conservative** style (T-score ≥ 60) of responding that emphasizes accuracy over speed; a **liberal** style (T-score ≤ 40) of responding that emphasizes speed over accuracy; or a **balanced** style (T-score = 41-59) of responding that is sensitive to both speed and accuracy. Based on MARKCUS's responses, **he has a conservative style of responding that emphasizes accuracy over speed (T-score = 60).** This response style is often associated with slower reaction times, more omission errors (failure to respond to targets), and fewer commission errors (incorrect responses to non-targets). The influence of MARKCUS's conservative response style on other Conners CPT 3 scores should be taken into consideration throughout the interpretation process.

T-score Guidelines

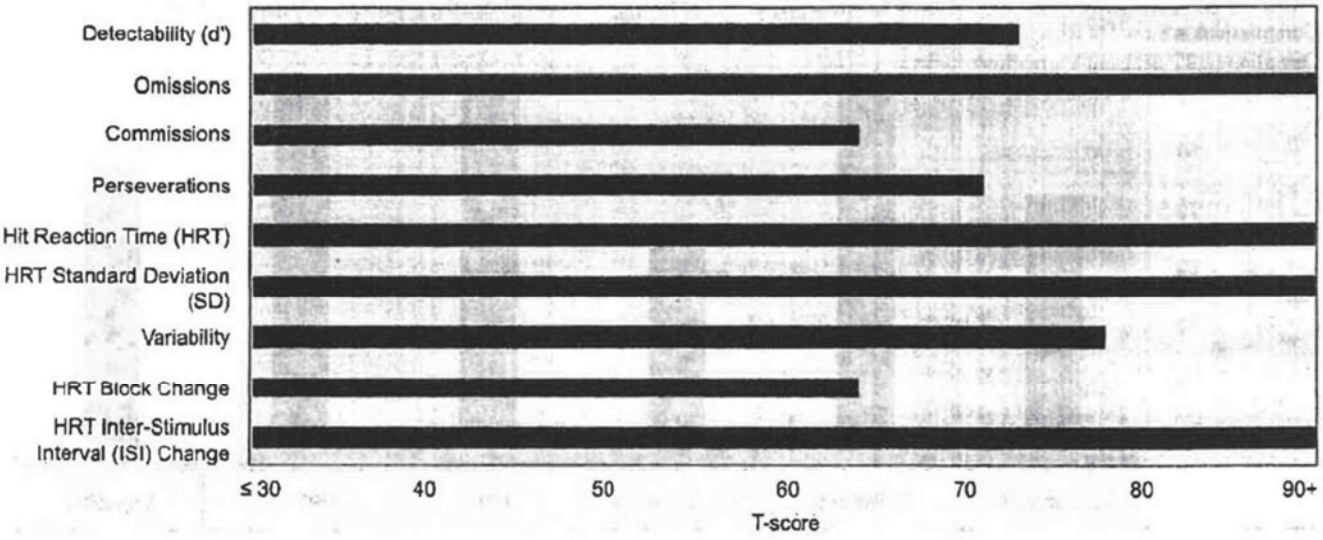
The guidelines in the following table apply to all T-scores in this report.

Guidelines			
T-score	For Hit Reaction Time (HRT)	T-score	For all other variables
70+	Atypically Slow	70+	Very Elevated
60-69	Slow	60-69	Elevated
55-59	A Little Slow	55-59	High Average
45-54	Average	45-54	Average
40-44	A Little Fast	< 45	Low
< 40	Atypically Fast		

Overview of Conners CPT 3 Scores

MHS

This section provides an overview of MARKCUS's Conners CPT 3 scores.



Variable Type	Measure	T-score	Guideline	Interpretation
Detectability	d'	73	Very Elevated	Pronounced difficulty differentiating targets from non-targets.
Error Type	Omissions	90	Very Elevated	Very high rate of missed targets.
	Commissions	64	Elevated	High rate of incorrect responses to non-targets.
	Perseverations	71	Very Elevated	Very high rate of random, repetitive, or anticipatory responses.
Reaction Time Statistics	HRT	90	Atypically Slow	Very slow mean response speed.
	HRT SD	90	Very Elevated	Very high inconsistency in reaction times.
	Variability	78	Very Elevated	Very high variability in reaction time consistency.
	HRT Block Change	64	Elevated	Substantial reduction in response speed in later blocks.
	HRT ISI Change	90	Very Elevated	Very substantial reduction in response speed at longer ISIs.

Summary: Relative to the normative sample, MARKCUS was less able to differentiate targets from non-targets, made more omission errors, made more commission errors, made more perseverative errors, responded more slowly, displayed less consistency in response speed, displayed more variability in response speed, displayed more of a reduction in response speed in later blocks and displayed more of a reduction in response speed at longer ISIs.

Overall, MARKCUS has a total of 9 atypical T-scores, which is associated with a very high likelihood of having a disorder characterized by attention deficits, such as ADHD. Note that other psychological and/or neurological conditions with symptoms of impaired attention can also lead to atypical scores on the Conners CPT 3.

MARKCUS's profile of scores and response pattern indicates that he may have issues related to:
• **Inattentiveness (Strong Indication)** • **Sustained Attention (Some Indication)** • **Vigilance (Some Indication)**

Measures of Inattentiveness

MHS

This section summarizes MARKCUS's scores on the inattentiveness measures and provides information about how he compares to the normative group. Indicators of inattentiveness on the Conners CPT 3 are poor Detectability (d'), a high percentage of Omissions and Commissions, a slow Hit Reaction Time (HRT), as well as high levels of inconsistency in response speed (Hit Reaction Time Standard Deviation [HRT SD] and Variability).

	Detectability (d')	Omissions	Commissions	HRT	HRT SD	Variability
T-score	73	90	64	90	90	78
Guideline	Very Elevated	Very Elevated	Elevated	Atypically Slow	Very Elevated	Very Elevated

Detectability (d') measures the respondent's ability to differentiate non-targets (i.e., the letter X) from targets (i.e., all other letters). MARKCUS's T-score is 73 and falls in the **Very Elevated range**. This result means that his ability to discriminate non-targets from targets was very poor when compared to the normative group. Poor ability to differentiate non-targets from targets is an indicator of inattentiveness.

Omissions result from a failure to respond to targets. MARKCUS's T-score is 90 and falls in the **Very Elevated range**. This result means that he missed a much higher percentage of targets when compared to the normative group. Failure to respond to targets is an indicator of inattentiveness.

Commissions are made when responses are given to non-targets. MARKCUS's T-score is 64 and falls in the **Elevated range**. This result means that he responded to a higher percentage of non-targets when compared to the normative group. A high level of commission errors may be related to inattentiveness and/or impulsivity. The combination of MARKCUS's slow response times (see HRT, below) and high commission errors is an indicator of inattentiveness.

HRT is the mean response speed of correct responses for the whole administration. MARKCUS's T-score is 90 and falls in the **Atypically Slow range**. This result means that his response speed was much slower than the normative group's response speed. This may indicate that MARKCUS was not processing targets efficiently. Note that HRT may also be affected by response style; MARKCUS's conservative response style may have contributed to the slower response speed. See the *Response Style Analysis* section of this report for more interpretive information.

HRT SD is a measure of response speed consistency during the entire administration. MARKCUS's T-score is 90 and falls in the **Very Elevated range**. This result means that his response speed was much less consistent than the normative group. This suggests that MARKCUS was more inattentive and processed stimuli less efficiently during some portions of the administration.

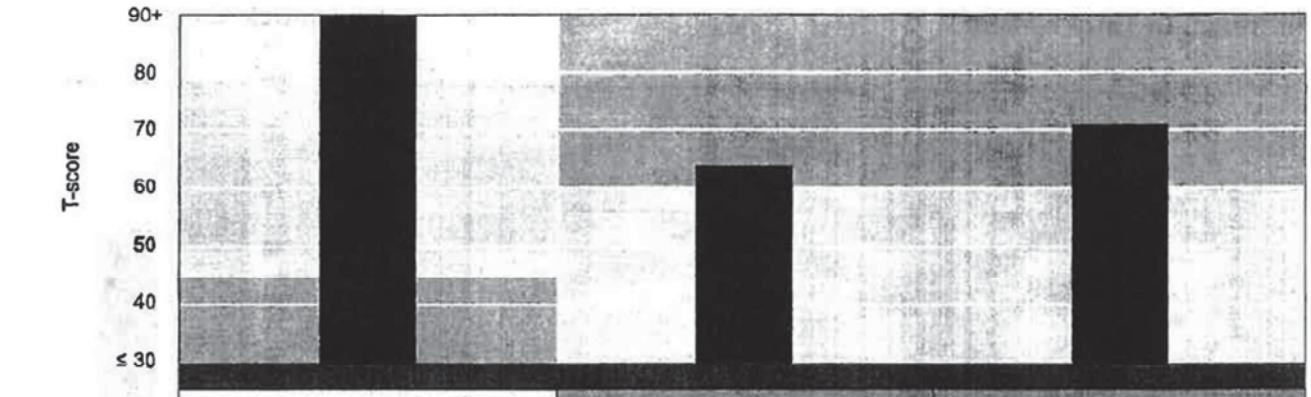
Variability, like HRT SD, is a measure of response speed consistency; however, Variability is a "within respondent" measure; that is, the amount of variability that MARKCUS showed in 18 separate segments of the administration in relation to his own overall HRT SD. MARKCUS's T-score is 78 and falls in the **Very Elevated range**. This result means his response speed variability was much higher when compared to the normative group. High response speed variability indicates that MARKCUS's attention and information processing efficiency varied throughout the administration.

MARKCUS's scores on these measures strongly suggest that he may have problems with inattentiveness.

Measures of Impulsivity

MHS

This section summarizes MARKCUS's scores on the impulsivity measures and provides information about how he compares to the normative group. Indicators of impulsivity on the Conners CPT 3 include a faster than normal Hit Reaction Time (HRT) in addition to a higher than average rate of Commissions and/or Perseverations.



	HRT	Commissions	Perseverations
T-score	90	64	71
Guideline	Atypically Slow	Elevated	Very Elevated

HRT is the mean response speed of correct responses for the whole administration. MARKCUS's T-score is 90 and falls in the **Atypically Slow** range. This result means that his response speed was much slower than the normative group's response speed. This may indicate that MARKCUS was not processing targets efficiently. A slower than normal HRT is often related to inattentiveness rather than impulsivity. See the *Measures of Inattentiveness* section of this report for more interpretative information.

Commissions are made when responses are given to non-targets. MARKCUS's T-score is 64 and falls in the **Elevated** range. This result means that he responded to a higher percentage of non-targets when compared to the normative group. Commission errors may be related to impulsivity and/or inattentiveness. The combination of MARKCUS's slow response times (see HRT, above) and high commission errors is an indicator of inattentiveness rather than impulsivity.

Perseverations are random or anticipatory responses. MARKCUS's T-score is 71 and falls in the **Very Elevated** range. This result means that he made many more perseverative errors when compared to the normative group. Because MARKCUS's response speed (see HRT, above) was slow, his perseverations are unlikely to be related to impulsivity.

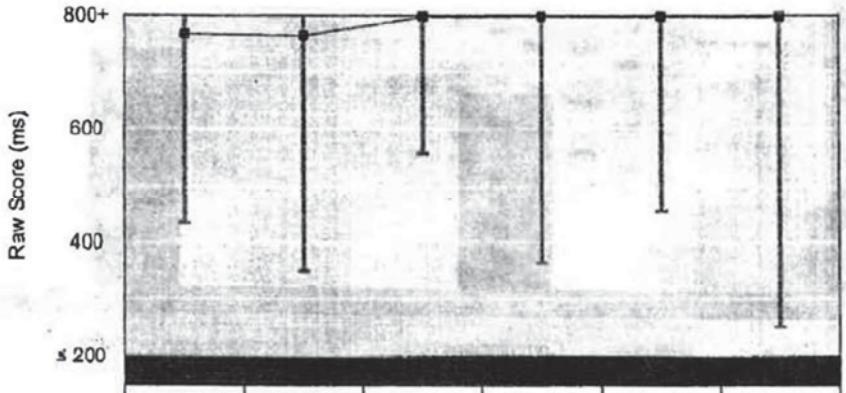
MARKCUS's scores on these measures do not indicate a problem with impulsivity.

Measures of Sustained Attention

MHS

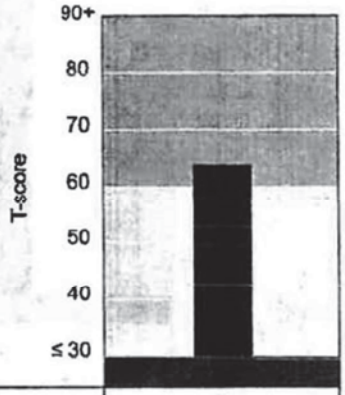
This section summarizes MARKCUS's scores on the sustained attention measures. Sustained attention is defined as the respondent's ability to maintain attention as the administration progresses. A decrease in sustained attention across time is captured by atypical slowing in the respondent's Hit Reaction Times (HRT; as indicated by the variable HRT Block Change), as well as by increases in Omissions and Commissions in later blocks of the administration.

Hit Reaction Time by Block



	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6
■ HRT (ms)	770	768	1163	920	979	994
I HRT SD (ms)	336	418	604	555	525	745

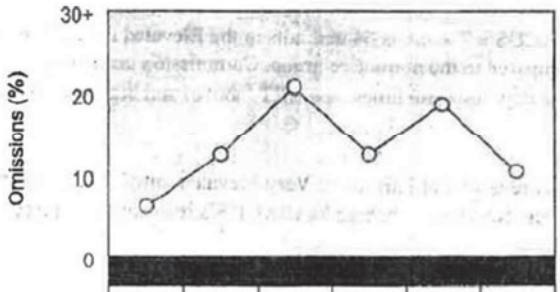
HRT Block Change



T-score	64
Guideline	Elevated

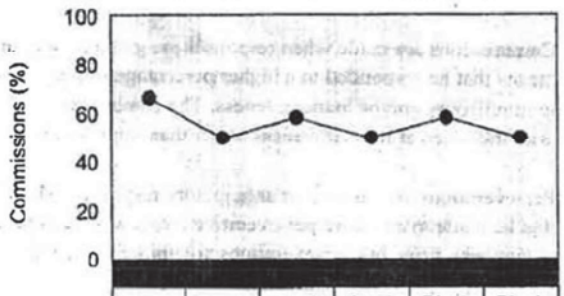
Note. ms = milliseconds; SD = Standard Deviation.

Omissions by Block



	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6
O Omissions (%)	6	13	21	13	19	10

Commissions by Block



	Block 1	Block 2	Block 3	Block 4	Block 5	Block 6
● Commissions (%)	67	50	58	50	58	50

Note. No statistically significant differences were found in error rates between blocks.

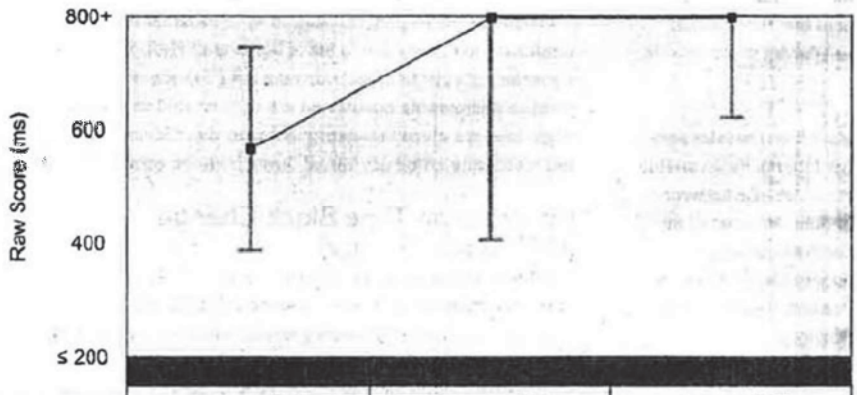
HRT Block Change indicates the change in mean response speed across blocks. MARKCUS's T-score is 64 and falls in the **Elevated** range. This result means that he had a substantial reduction in response speed in later blocks. In terms of error rates, MARKCUS's omission and commission errors did not increase significantly across multiple adjacent blocks. **MARKCUS's profile of scores on these measures indicates some support for a problem with sustained attention.**

Measures of Vigilance

MHS

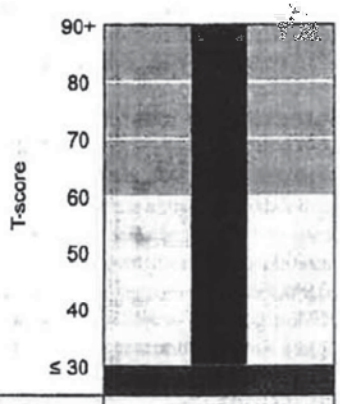
This section summarizes MARKCUS's scores on the vigilance measures. Vigilance relates to the respondent's performance at varying levels of stimulus frequency (inter-stimulus intervals; ISIs), and is defined by the respondent's ability to maintain performance level even when the task rate is slow. This construct is captured by changes in the respondent's Hit Reaction Times (HRT), as indicated by the variable HRT ISI Change, as well as the observed pattern of Omissions and Commissions at various ISIs.

Hit Reaction Time by ISI



	1-second ISI	2-second ISI	4-second ISI
■ HRT (ms)	569	838	1274
I HRT SD (ms)	179	431	650

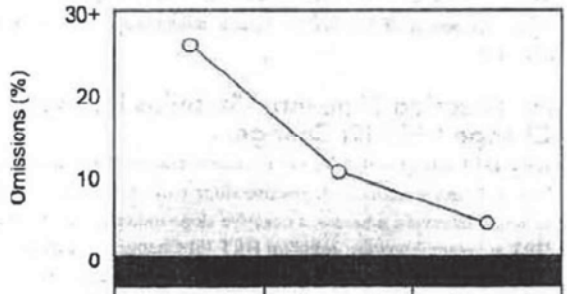
HRT ISI Change



T-score	90
Guideline	Very Elevated

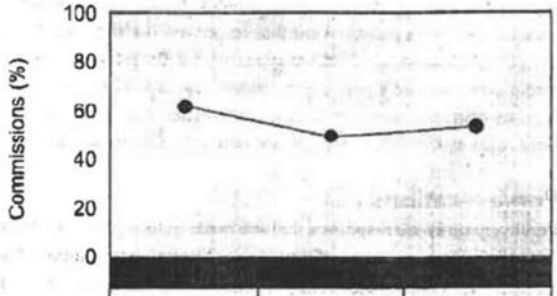
Note. ms = milliseconds; SD = Standard Deviation.

Omissions by ISI



	1-second ISI	2-second ISI	4-second ISI
O Omissions (%)	26	10	4

Commissions by ISI



	1-second ISI	2-second ISI	4-second ISI
● Commissions (%)	63	50	54

Note. No statistically significant differences were found in error rates between ISIs.

HRT ISI Change indicates the change in mean response speed at various ISIs. MARKCUS's T-score is 90 and falls in the Very Elevated range. This result means that he had a very substantial reduction in response speeds at longer ISIs. There was no statistically significant increase in error rates across all three ISI levels. MARKCUS's profile of scores on these measures indicates some support for a problem with maintaining vigilance; that is, he had some problems with performance on trials with longer intervals between stimuli.

Response Style

C is a signal detection statistic that measures an individual's natural response style in tasks involving a speed-versus-accuracy trade-off. Based on his or her score on this variable, a respondent can be classified as having one of the following three response styles: a *conservative* style that emphasizes accuracy over speed; a *liberal* style that emphasizes speed over accuracy; or a *balanced* style that is biased neither to speed nor accuracy. Response style can affect scores such as Commissions and Hit Reaction Time (HRT), and should be taken into consideration during interpretation.

Detectability (*d'*)

d-prime (*d'*) is a measure of how well the respondent discriminates non-targets (i.e., the letter X) from targets (i.e., all other letters). This variable is also a signal detection statistic that measures the difference between the signal (targets) and noise (non-targets) distributions. In general, the greater the difference between the signal and noise distributions, the better the ability to distinguish non-targets and targets. On the Conners CPT 3, *d'* is reverse-scored so that higher raw score and *T*-score values indicate worse performance (i.e., poorer discrimination).

Omissions (%)

Omissions are missed targets. High omission error rates indicate that the respondent was not responding to the target stimuli due to a specific reason (e.g., difficulty focusing). Omission errors are generally an indicator of inattentiveness.

Commissions (%)

Commissions are incorrect responses to non-targets. Depending on the respondent's HRT, high commission error rates may indicate either inattentiveness or impulsivity. If high commission error rates are coupled with slow reaction times, then the respondent was likely inattentive to the stimulus type being presented and thus responded to a high rate of non-targets. If high commission error rates are combined with fast reaction times, the respondent was likely rushing to respond and failed to control his or her impulses when responding to the non-targets. In the latter case, high commission error rates would reflect impulsivity rather than inattentiveness.

Perseverations (%)

Perseverations are responses that are made in less than 100 milliseconds following the presentation of a stimulus. Normal expectations of physiological ability to respond make it virtually impossible for a respondent to perceive and react to a stimulus so quickly. Perseverations are usually either slow responses to a preceding stimulus, a random response, an anticipatory response, or a repeated response without consideration of the task requirements. Perseverations may be related to impulsivity or an extremely liberal response style. Perseverations are, therefore, likely the result of anticipatory, repetitive, or impulsive responding.

Hit Reaction Time (HRT)

HRT is the mean response speed, measured in milliseconds, for all non-perseverative responses made during the entire administration. An atypically slow HRT may indicate inattentiveness (especially when error rates are high), but it may also be the results of a very conservative response style. Alternatively, a very fast HRT, when combined with high commission error rates, may indicate impulsivity.

Hit Reaction Time Standard Deviation (HRT SD)

HRT SD measures the consistency of response speed to targets for the entire administration. A high HRT SD indicates greater inconsistency in response speed. Response speed inconsistency is sometimes indicative of inattentiveness, suggesting that the respondent was less engaged and processed stimuli less efficiently during some parts of the administration.

Variability

Variability, like HRT SD, is a measure of response speed consistency; however, Variability is a "within respondent" measure (i.e., the amount of variability the respondent showed in 18 separate sub-blocks of the administration in relation to his or her overall HRT SD score). Although Variability is a different measure than HRT SD, the two measures typically produce comparable results and are both related to inattentiveness. High response speed variability indicates that the respondent's attention and processing efficiency varied throughout the administration.

Hit Reaction Time Block Change (HRT Block Change)

HRT Block Change is the slope of change in HRT across the six blocks of the administration. A positive slope indicates decelerating reaction times as the administration progressed, while a negative slope indicates accelerating reaction times. If reaction times slow down, as indicated by a higher HRT Block Change score, the respondent's information processing efficiency declines, and a loss of sustained attention is indicated.

Omissions by Block

Omissions by Block (raw score only) is the rate of the respondent's missed targets in each of the six blocks. An increase in omission error rate in later blocks indicates a loss of sustained attention.

Commissions by Block

Commissions by Block (raw score only) is the rate of the respondent's incorrect responses to non-targets in each of the six blocks. An increase in commission error rate in later blocks indicates a loss of sustained attention.

Hit Reaction Time Inter-Stimulus Intervals Change (HRT ISI Change)

HRT ISI Change is the slope of change in reaction time across the three ISIs (1, 2, and 4 seconds). A positive slope indicates decelerating HRT at longer intervals; whereas, a negative slope indicates accelerating HRT at longer intervals. A higher HRT ISI Change score means that the respondent's information processing efficiency declined with longer pauses between stimuli, and a loss of vigilance is indicated. A significant change in response speed at the different ISIs may indicate that the respondent was having trouble adjusting to changing task demands. Sometimes, this finding relates to activation/arousal needs; some respondents may be more efficient in a busier/more stimulating environment (e.g., during the 1-second ISI) than in a less active environment where the stimuli are presented less frequently (e.g., during the 4-second ISI), or vice-versa.

Omissions by ISI

Omissions by ISI (raw score only) is the rate of missed targets in each of the three ISI trial types. An increase in omission error rate on trials with longer ISIs indicates a loss of vigilance.

Commissions by ISI

Commissions by ISI (raw score only) is the rate of incorrect responses to non-targets in each of the three ISI trial types. An increase in commission error rates on trials with longer ISI indicates a loss of vigilance.

MOXO™ d-CPT Report

Computerized ADHD Evaluation

Patient name: Markcus Kitchens
Patient Code: 2143266
Patient ID:
Date of Birth: [redacted]
Gender: Male

Test ID: 2143303 **Test date:** 08-02-2023 15:42
Test Age: 31 **Medication:** None

Norm Comparison

A Attentiveness — The ability to respond correctly and remain focused

T Timeliness — The ability to respond quickly and accurately

I Impulsiveness — The tendency to respond hasty, before evaluating the situation

H Hyper-Reactivity — A difficulty in regulation of motor responses

Norm Comparison In Z Score

	A	T	I	H
1 Good performance — Higher norm range				
2 Standard performance — Middle norm range				
3 Weak performance — Low norm range				
4 Difficulty in performance — Outside norm range	-15.20	-5.07	-4.05	-8.05

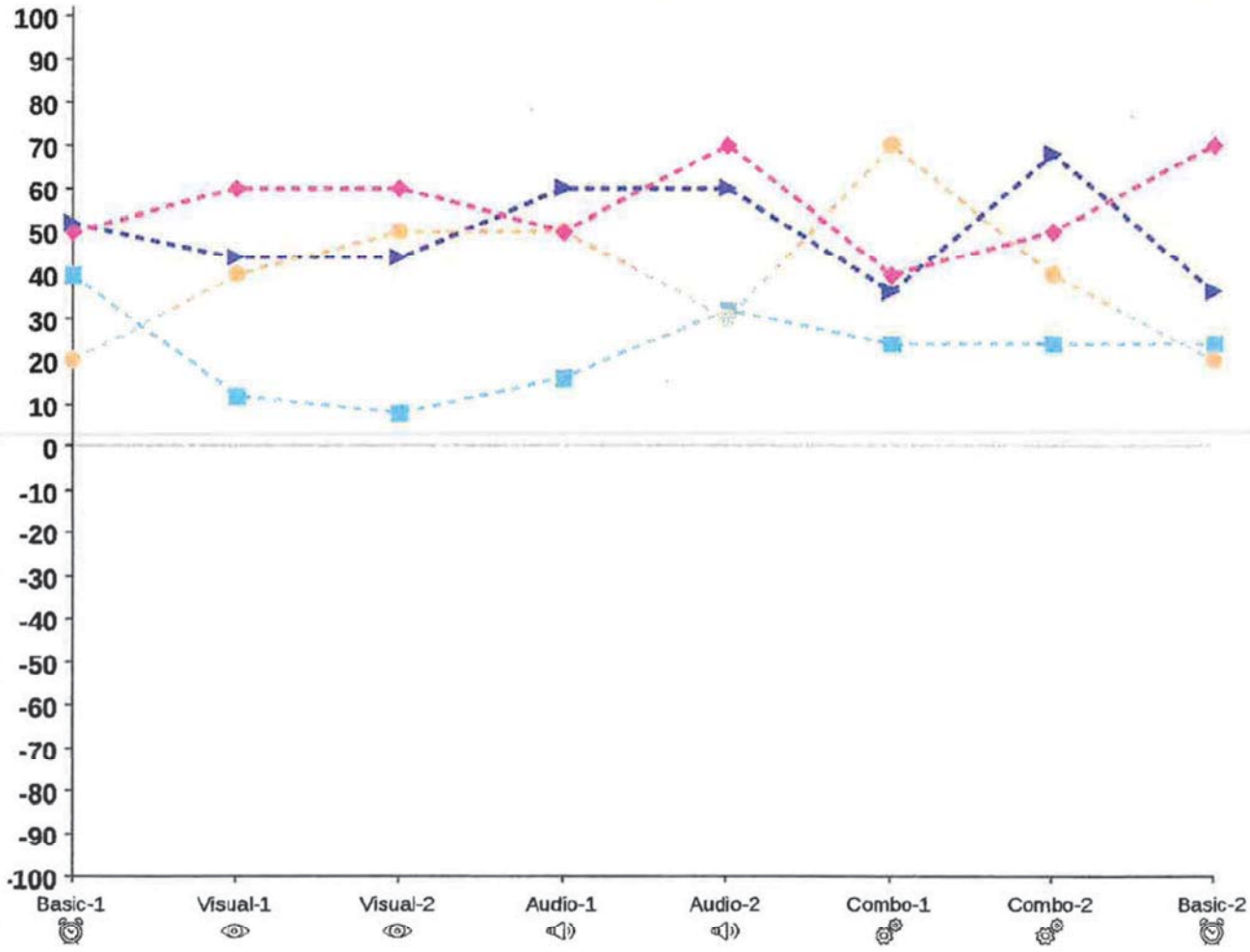
Severity Table

	A	T	I	H
4 Extreme severity	4	4	4	4
3 High severity				
2 Medium severity				
1 Low severity				

Christina Bacon • 1503 Lexington Road • 8593538568 • christina@peaceofmindky.com • https://pea

Four Indices Performance Graph

Test 1



Basic-1 Baseline stage

Visual-1 Performance under minor visual distractors

Visual-2 Performance under major visual distractors

Audio-1 Performance under minor audio distractors

Audio-2 Performance under major audio distractors

Combo-1 Performance under minor combined distractors

Combo-2 Performance under major combined distractors

Basic-2 Sustained Performance - same as baseline stage

Performance graph

The performance graph displays individual performance throughout the test as described in the four indices. This chart also displays how the different distractors influence the patient's results throughout the test. The graph reflects the reliability and validity of the performance.

Christina Bacon • 1503 Lexington Road • 8593538568 • christina@peaceofmindky.com • https://peaceofmindky.com

NEURO TECH Solutions

MOXO

Performance Graph Summary

Sustained performance
Changes in the patient's performance from beginning to end.

Visual
The effects of visual distractors on the patient's performance.

Auditory
The effects of auditory distractors on the patient's performance.

Combined
The effects of combined distractors on the patient's performance.

Distraction load
Comparison between the patient's performance in the presence of few distractors and many distractors.

Test 1

	A	T	I	H
Sustained performance	Decrease	Decrease	Increase	No change
Visual	No change	Decrease	No change	Increase
Auditory	No change	No change	No change	No change
Combined	No change	Decrease	No change	Increase
Distraction load	No change	No change	No change	No change

Christina Bacon • 1503 Lexington Road • 8593538568 • christina@peaceofmindky.com • https://peaceofmindky.com

Report Summary

Background information

No Background found

Test 1 Observation

No Observation found

Summary

According to the norm comparison table in the MOXO test, a deviation from the norm detected in Markcus Kitchens's tests. This deviation could indicate attention difficulties and along with other findings, the existence of ADHD.

Summary of Markcus Kitchens's base line results:
Markcus Kitchens's performance in regards to sustained performance had increased in metric I and decreased in A, T. No change was observed in metric H.
Under the presence of visual distractors, Markcus Kitchens's performance had increased in metric H and decreased in T. No change was observed in metrics A, I.
Under the presence of audio distractors unchanged performance was observed
Under the presence of combined distractors, Markcus Kitchens's performance had increased in metric H and decreased in T. No change was observed in metrics A, I.
Under the presence of high distractor load unchanged performance was observed

Observer name: _____ Signature _____

The Four MOXO Measurements

Attentiveness

Attentiveness reflects the patient's ability to correctly evaluate and respond to a stimulus, according to instructions. Patients who experience difficulties in this area have problems paying attention to their environment, or to specific details when required to do so. To an onlooker, a person who appears not to be paying attention can seem somewhat unfocused and detached. However, such patients face intense difficulties in their daily life such as following teachers in class, understanding more complex instructions, keeping track of small changes in their surroundings, avoiding calculation errors and much more.

Timeliness

Timeliness reflects the patient's ability to respond correctly within the time-frame allotted for a task. Whilst a person with timing issues may be able to evaluate their environment correctly, they may falter when asked to react in a timely manner to environmental changes. Examples of this are performing tasks requiring a quick and immediate response, as well as staying on schedule. Such tasks might include answering questions under time pressure (even when the material is familiar). Timing problems display similar characteristics to attention problems: A time gap is formed when attempting to perform a task to completion. Since it is difficult to keep track, a gap in the (study) material is formed. As the task continues, this gap increases until eventually; people faced with this type of difficulty lose a sense of continuity along with their ability to stay on top of the task.

Impulsiveness

Impulsiveness is the tendency to respond at a point in time which is defined as 'forbidden'. A person with a tendency to be impulsive might act without considering the situation at hand or the possible outcomes of such behavior. Such conduct can take place even when a person fully understands the more problematic and undesirable outcomes of impulsive behavior. In many cases, impulsiveness might cause people to trigger monitoring processes only after their initial response. Typical features of impulsiveness include difficulty in waiting for a turn or engaging in dangerous behavior without considering the consequences.

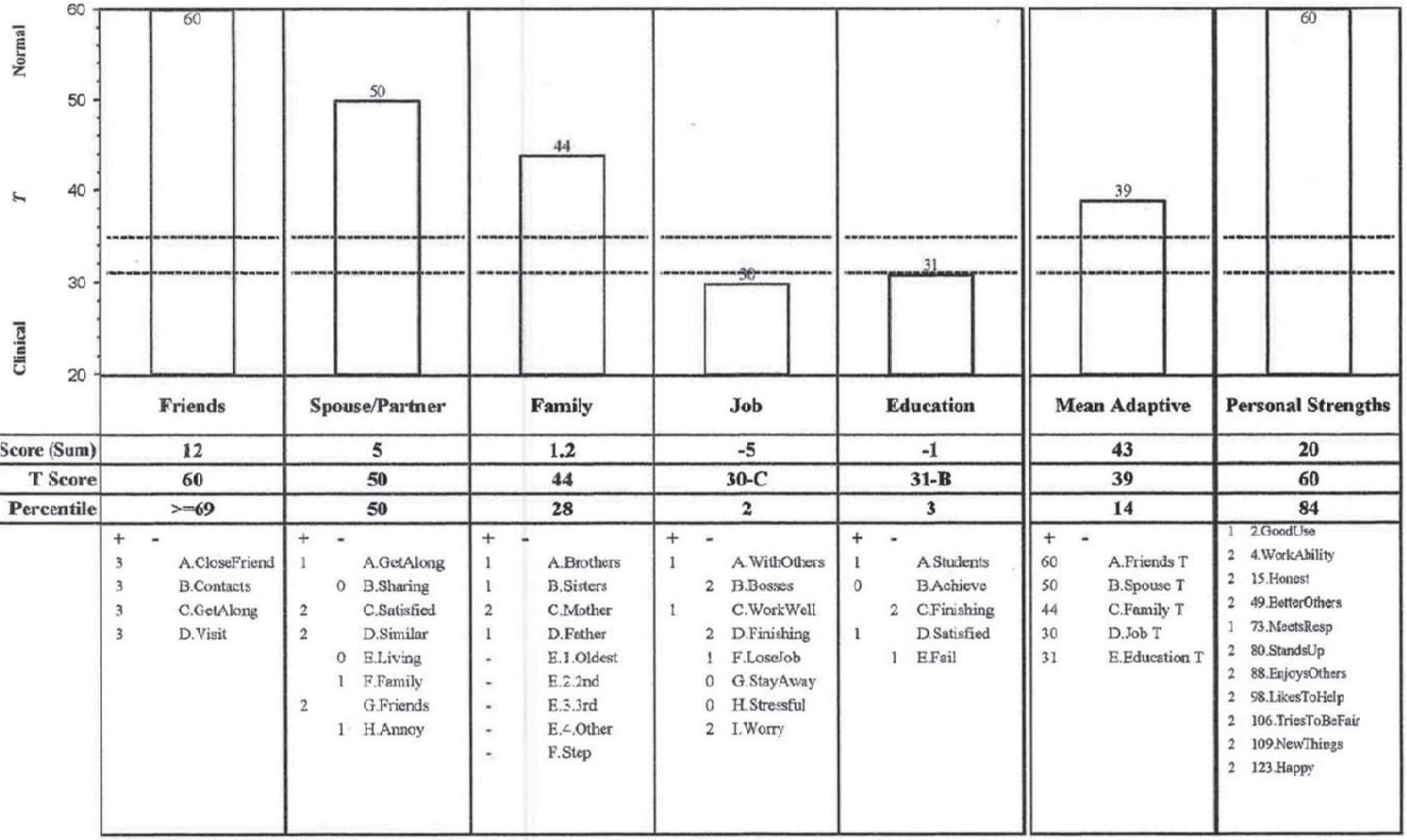
Hyper-Reactivity

Hyperactivity is difficulty in efficient regulation of motoric output and in refraining from unnecessary or undesirable actions (movement, over talking etc.). In other words, hyper-reactive behavior will be accompanied by excessive responses that are defined as incorrect and unwanted. Often people who exhibit hyperactivity are aware of the undesirable outcomes of their behavior and yet they still face the difficult challenge of abstaining from such actions.

Christina Bacon • 1503 Lexington Road • 8593538568 • christina@peaceofmindky.com • https://peaceofmindky.com

ASR/18-59 - Adaptive Functioning Scale Scores

ID:	[redacted]	**Gender:**	M	**Date Completed:**	2023-02-06	**Clinician:**	Christina Bacon	**Informant:**	Markcus Kitchens	**Society:**	ASEBA Standard
Name:	Markcus Kitchens	**Age:**	31	**Birth Date:**	[redacted]	**Agency:**		**Relationship:**	Self	**Verified:**	No



	Friends	Spouse/Partner	Family	Job	Education	Mean Adaptive	Personal Strengths
Raw Score (Sum)	12	5	1.2	-5	-1	43	20
T Score	60	50	44	30-C	31-B	39	60
Percentile	>=69	50	28	2	3	14	84

+	-		+	-		+	-		+	-		+	-		+	-	
3		A.CloseFriend	1		A.GetAlong	1		A.Brothers	1		A.WithOthers	1		A.Students	60		A.Friends T
3		B.Contacts		0	B.Sharing	1		B.Sisters		2	B.Bosses	0		B.Achieve	50		B.Spouse T
3		C.GetAlong	2		C.Satisfied	2		C.Mother	1		C.WorkWell		2	C.Finishing	44		C.Family T
3		D.Visit	2		D.Similar	1		D.Father		2	D.Finishing	1		D.Satisfied	30		D.Job T
				0	E.Living	-		E.1.Oldest		1	F.LoseJob		1	E.Fail	31		E.Education T
				1	F.Family	-		E.2.2nd		0	G.StayAway						
			2		G.Friends	-		E.3.3rd		0	H.Stressful						
				1	H.Annoy	-		E.4.Other		2	I.Worry						
						-		F.Step									

1	2.GoodUse	2	4.WorkAbility	2	15.Honest
2	49.BetterOthers	1	73.MeetsResp	2	80.StandsUp
2	88.EnjoysOthers	2	98.LikesToHelp	2	106.TriesToBeFair
2	109.NewThings	2	123.Happy		

B = Borderline clinical range; C = Clinical range; Broken Lines = Borderline clinical range

PE

EXHIBIT

PX28

exhibitsticker.com

Doc#18

81 # Doc

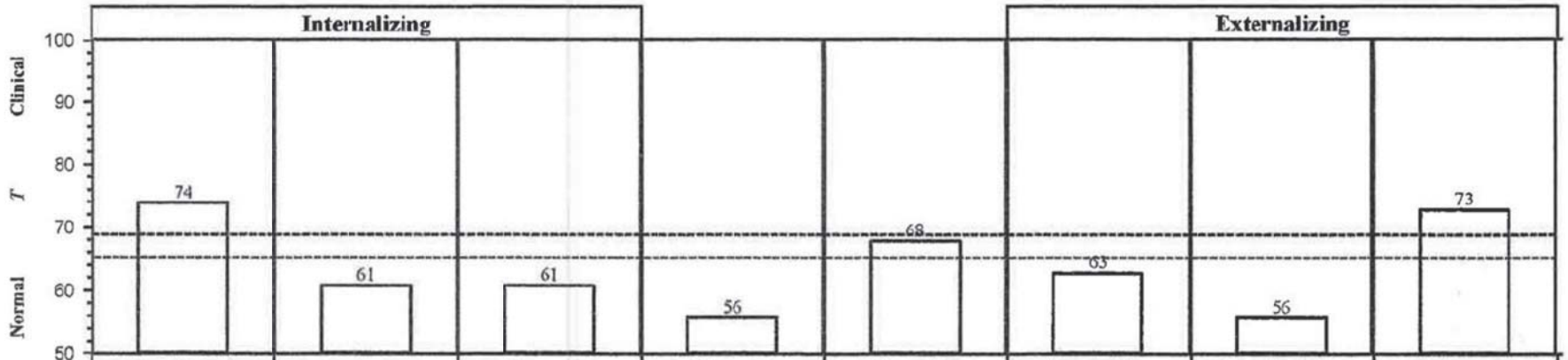
PX0115

NBMEBACON0070

ASR/18-59 - Syndrome Scale Scores

ID: [redacted] **Gender:** M **Date Completed:** 2023-02-06 **Clinician:** Christina Bacon **Informant:** Markcus Kitchens **Society:** ASEBA Standard

Name: Markcus Kitchens **Age:** 31 **Birth Date:** [redacted] **Agency:** **Relationship:** Self **Verified:** No



	Anxious / Depressed	Withdrawn	Somatic Complaints	Thought Problems	Attention Problems	Aggressive Behavior	Rule-Breaking Behavior	Intrusive
Raw Score (Sum)	22	6	5	3	17	11	5	10
T Score	74-C	61	61	56	68-B	63	56	73-C
Percentile	>97	87	87	73	97	90	73	>97
1 12.Lonely	1 25.NotGetAlong	0 51.Dizzy	2 9.MindOff C*	2 1.Forgetful	0 3.Argues	0 6.UsesDrugs C*	1 7.Brags
1 13.Confused	0 30.PoorRelOppSex	0 54.Tired	0 18.HarmsSelf C*	2 8.Concentrate C*	0 5.Blames	0 20.DestroyOwn	2 19.DemAtten
1 14.Cries C*	1 42.RatherBeAlone	0 56a.Aches	0 36.Accidents	0 11.Dependent	1 16.Mean C*	1 23.BreaksRules	2 74.ShowsOff
2 22.WorryFuture	1 48.NotLiked	0 56b.Headaches	0 40.HearsThings C*	2 17.Daydreams	0 28.BadlyFamily	0 26.LacksGuilt	2 93.TalkMuch
2 31.FearDoBad	0 60.EnjoysLittle	0 56c.Nausea	0 46.Twitches	1 53.Can'tPlan	1 37.Fights	0 39.BadFriends	1 94.Teases
0 33.Unloved	0 65.Won'tTalk	0 56d.EyeProb	1 63.PreferOlder	2 59.FailsToFinish	2 55.ElateDepress C*	2 41.Impulsive	2 104.Loud
1 34.OutToGet	1 67.NoFriends	0 56e.SkinProb	0 66.RepeatsActs C*	1 61.PoorWork	0 57.Attacks C*	0 43.LiesCheats	
2 35.Worthless	2 69.Secretive	0 56f.Stomachaches	0 70.SeesThings C*	0 64.NotPriortize	0 68.Screams	1 76.Irresponsible	
1 45.Nervous	0 111.Withdrawn	0 56g.Vomits	0 84.StrangeBehav C*	2 78.Decisions	1 81.BehavChang	0 82.StealsOther	
0 47.LacksSelfConf		2 56h.HeartPounds	0 85.StrangeIdeas	0 101.AvoidsWork	1 86.Stubborn	0 90.GetsDrunk C*	
2 50.Fearful		1 56i.Numbness		0 102.LacksEnergy	1 87.MoodChang	0 92.TroubleLaw C*	
2 52.Guilty		2 100.SleepPmb		1 105.Disorganized	1 95.Temper	0 114.FailsToPay	
2 71.SelfConsc				2 108.LosesThings	0 97.Threaten C*	1 117.Can'tManage	
0 91.ThinksSuicide C*				2 119.PoorAtDetails	1 116.Upset	0 122.Can'tKeepJob	
1 103.Sad C*				0 121.Late	2 118.Impatient		
2 107.Can'tSucceed							
2 112.Worries							
0 113.WorryOppSex							

B = Borderline clinical range; C = Clinical range; Broken Lines = Borderline clinical range

Printed by:

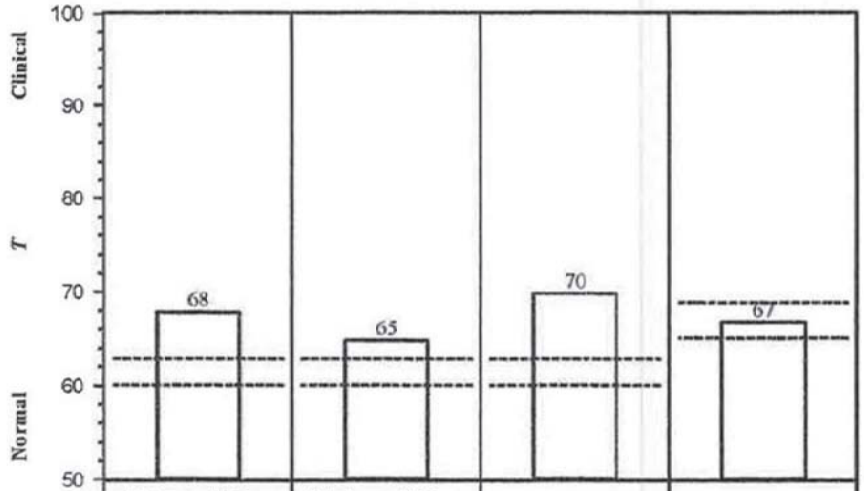
C = Critical Item*

PX0116 NBMEBACON0071

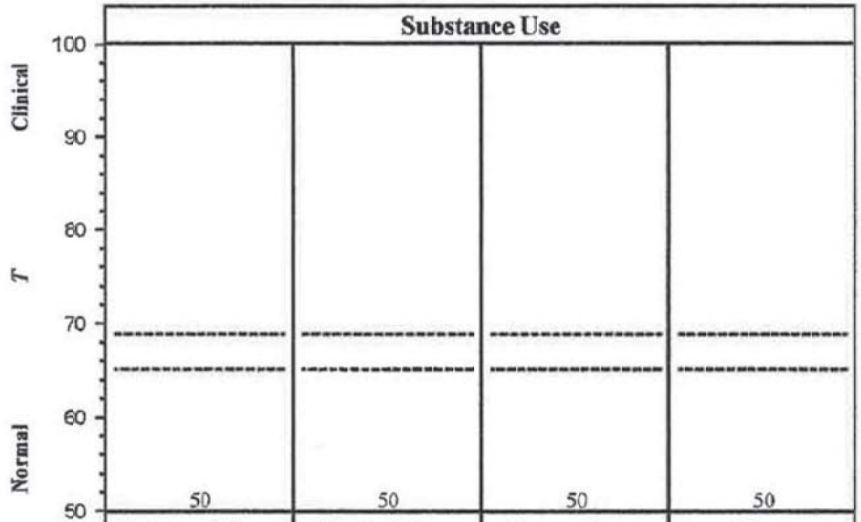
ASR/18-59 - Internalizing, Externalizing, Total Problems, Critical Items, Substance Use, and Other Problems

ID: [redacted] Gender: M Date Completed: 2023-02-06 Clinician: Christina Bacon Informant: Markcus Kitchens Society: ASEBA Standard

Name: Markcus Kitchens Age: 31 Birth Date: [redacted] Agency: Relationship: Self Verified: No



	Internalizing Problems	Externalizing Problems	Total Problems	Critical Items
Raw Score (Sum)	33	26	102	11
T Score	68-C	65-C	70-C	67-B
Percentile	97	93	98	96



	Tobacco Times Per Day	Alcohol Days Drunk	Drugs Days Used	Mean Substance Use
Raw Score (Sum)	0	0	0	50
T Score	50	50	50	50
Percentile	<=50	<=50	<=50	<=50

B = Borderline clinical range; C = Clinical range; Broken Lines = Borderline clinical range

Printed by: PEACEOFMINDKY\cbacon

C = Critical Item*

Other Problems

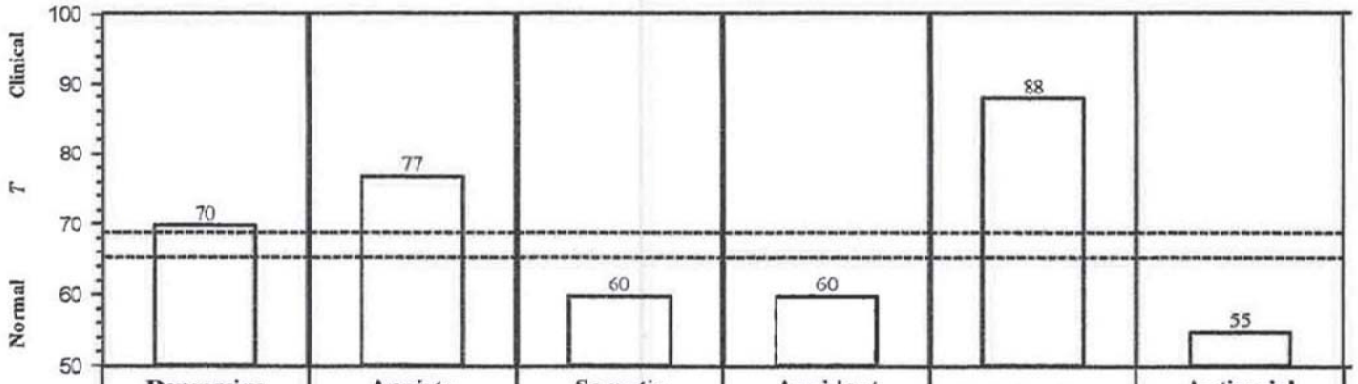
2	10.SitStill C*	0	62.Clumsy	0	110.WishOppSex
0	21.DestroyOther C*	2	72.WorryFamily	2	115.Fidgety
1	24.NoEatWell	0	75.Shy	1	120.DrivesFast
2	27.Jealous	0	77.SleepsMore		
2	29.Fears	0	79.SpeechProb		
2	32.Perfect	2	83.EasilyBored		
0	38.PoorNeighbor	2	89.RushesInto		
2	44.Overwhelmed	0	96.ThinksSex		
1	58.PicksSkin	2	99.DislikeStay		

PX0117 NBMEBACON0072

ASR/18-59 - DSM-Oriented Scales

ID: [redacted] Gender: M Date Completed: 2023-02-06 Clinician: Christina Bacon Informant: Markcus Kitchens Society: ASEBA Standard

Name: Markcus Kitchens Age: 31 Birth Date: [redacted] Agency: Relationship: Self Verified: No



	Depressive Problems	Anxiety Problems	Somatic Problems	Avoidant Personality	AD/H Problems	Antisocial Personality
Raw Score (Sum)	13	11	3	5	22	6
T Score	70-C	77-C	60	60	88-C	55
Percentile	>97	>97	84	84	>97	69
	1 14.Cries C*	2 22.WorryFuture	0 56a.Aches	1 25.NotGetAlong	2 1.Forgetful	0 3.Argues
	0 18.HarmsSelf C*	2 29.Fears	0 56b.Headaches	1 42.RatherBeAlone	2 8.Concentrate C*	0 5.Blames
	1 24.NotEatWell	1 45.Nervous	0 56c.Nausea	0 47.LacksSelfConf	2 10.SitStill C*	1 16.Mean C*
	2 35.Worthless	2 50.Fearful	0 56d.EyeProb	1 67.NoFriends	0 36.Accidents	0 21.DestroyOther C*
	2 52.Guilty	2 72.WorryFamily	0 56e.SkinProb	2 71.SelfConsc	2 41.Impulsive	1 23.BreaksRules
	0 54.Tired	2 112.Worries	0 56f.Stomachaches	0 75.Shy	2 59.FailsToFinish	0 26.LacksGuilt
	0 60.EnjoysLittle		0 56g.Vomits	0 111.Withdrawn	1 61.PoorWork	0 28.BadlyFamily
	0 77.SleepsMore		2 56h.HeartPounds		2 89.RushesInto	1 37.Fights
	2 78.Decisions		1 56i.Numbness		1 105.Disorganized	0 39.BadFriends
	0 91.ThinksSuicide C*				2 108.LosesThings	0 43.LiesCheats
	2 100.SleepProb				2 115.Fidgety	0 57.Attacks C*
	0 102.LacksEnergy				2 118.Impatient	1 76.Irresponsible
	1 103.Sad C*				2 119.PoorAtDetails	0 82.StealsOther
	2 107.Can'tSucceed					0 92.TroubleLaw C*
						1 95.Temper
						0 97.Threaten C*
						0 101.AvoidsWork
						0 114.FailsToPay
						1 120.DrivesFast
						0 122.Can'tKeepJob

Printed by: PEACEOFMINDKY\cbacon

Attention Problems Subscales

Inattention (I)

Hyperactivity-Impulsivity (H-I)

I	AD/H Problems	H-I
2	1.Forgetful	[redacted]
2	8.Concentrate	[redacted]
[redacted]	10.SitStill	2
[redacted]	36.Accidents	0
[redacted]	41.Impulsive	2
2	59.FailsToFinish	[redacted]
1	61.PoorWork	[redacted]
[redacted]	89.RushesInto	2
1	105.Disorganized	[redacted]
2	108.LosesThings	[redacted]
[redacted]	115.Fidgety	2
[redacted]	118.Impatient	2
2	119.PoorAtDetails	[redacted]
12	Raw Score (Sum)	10
76	T Score	75
>97	Percentile	>97

Borderline = 93rd-97th %ile

Clinical = >97th %ile

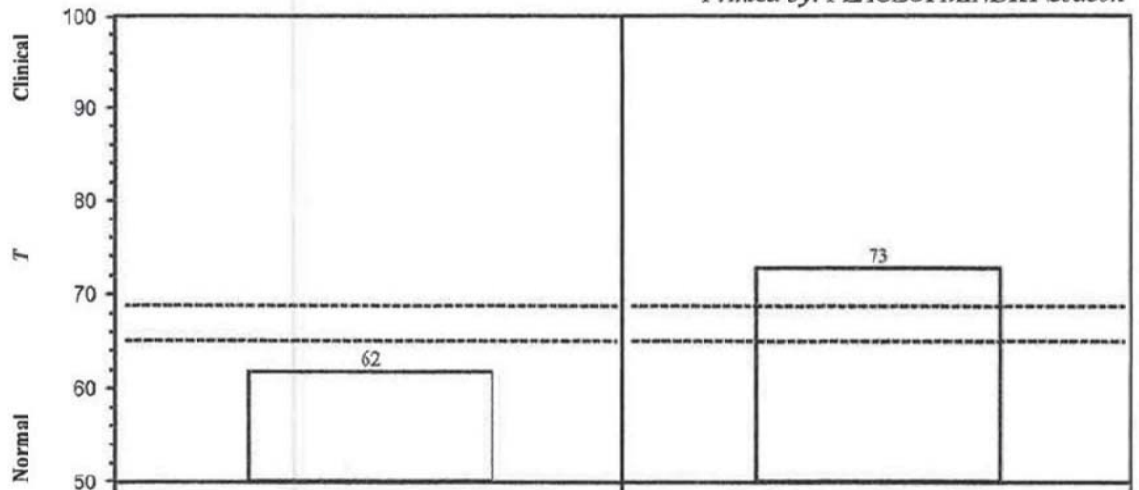
C = Critical Item*

B = Borderline clinical range; C = Clinical range; Broken Lines = Borderline clinical range

ASR/18-59 - 2014 Scale Scores

ID: [redacted]	**Gender:** M	**Date Completed:** 2023-02-06	**Clinician:** Christina Bacon	**Informant:** Markcus Kitchens	**Society:** ASEBA Standard
Name: Markcus Kitchens	**Age:** 31	**Birth Date:** [redacted]	**Agency:**	**Relationship:** Self	**Verified:** No

Printed by: PEACEOFMINDKY\cbacon



	Sluggish Cognitive Tempo	Obsessive-Compulsive Problems
Raw Score (Sum)	**5**	**10**
T Score	**62**	**73-C**
Percentile	**89**	**>97**
	1 13.Confused	2 9.MindOff *C**
	2 17.Daydreams	2 31.FearDoBad
	0 54.Tired	2 32.Perfect
	2 83.EasilyBored	2 52.Guilty
	0 102.LacksEnergy	0 66.RepeatsActs *C**
		0 84.StrangeBehav *C**
		0 85.StrangeIdeas
		2 112.Worries

C = Critical Item*

B = Borderline clinical range; C = Clinical range; Broken Lines = Borderline clinical range

ASR 18-59 - Narrative Report And Critical Items

ID: [redacted]
Name: Markcus Kitchens
Gender: M
Age: 31
Birth Date: [redacted]

Society ASEBA Standard
Printed by:
PEACEOFMINDKY\cbacon

Date Completed: 2023-02-06
Clinician: Christina Bacon
Informant: Markcus Kitchens
Relationship: Self
Agency:

The Adult Self-Report for Ages 18-59 (ASR 18-59) was completed by Markcus, to obtain his perception of his adaptive functioning, substance use, and problems.

On the ASR/18-59 - Adaptive Functioning Scale Scores, Markcus's scores on the Friends, Spouse/Partner and Family syndromes were in the normal range. Markcus's score on the Job syndrome was in the clinical range below the 3rd percentile. Markcus's score on the Education syndrome was in the borderline clinical range (3rd to 7th percentile). Markcus's score on the Mean Adaptive scale was in the normal range. Markcus's score on the Personal Strengths scale was in the normal range.

Markcus reported using no tobacco in the past 6 months. It was reported that Markcus had not been drunk. Markcus reported using no drugs for non-medical purposes during the past 6 months. On the Substance Use scales, Markcus's scores on all rated scales were in the normal range. Markcus's Mean Substance Use score was in the normal range for self-reports by men aged 31.

On the ASR 18-59 problem scales, Markcus's Internalizing Problems, Externalizing Problems and Total Problems scores were all in the clinical range above the 90th percentile for men aged 31. Markcus's scores on the Withdrawn, Somatic Complaints, Thought Problems, Aggressive Behavior and Rule-Breaking Behavior syndromes were in the normal range. Markcus's score on the Attention Problems syndrome was in the borderline clinical range (93rd to 97th percentile). Markcus's scores on the Anxious / Depressed and Intrusive syndromes were in the clinical range above the 97th percentile. These results indicate that Markcus reported more problems than are typically reported for men aged 31, particularly problems of Anxious / Depressed, Attention Problems and Intrusive nature. Markcus's scores on the Critical Items are listed in the box below. The sum of Markcus's scores on the Critical Items was in the borderline clinical range (93rd to 97th percentile).

On the ASR/18-59 - DSM-Oriented Scales, Markcus's scores on the Somatic Problems, Avoidant Personality Problems and Antisocial Personality scales were in the normal range. Markcus's scores on the Depressive Problems, Anxiety Problems and AD/H Problems scales were in the clinical range above the 97th percentile. These results indicate that the DSM should be consulted to determine whether Markcus meets diagnostic criteria for Depressive Problems, Anxiety Problems and AD/H Problems. On the Attention Deficit/Hyperactivity subscales, Markcus's scores on all rated scales were in the clinical range above the 97th percentile.

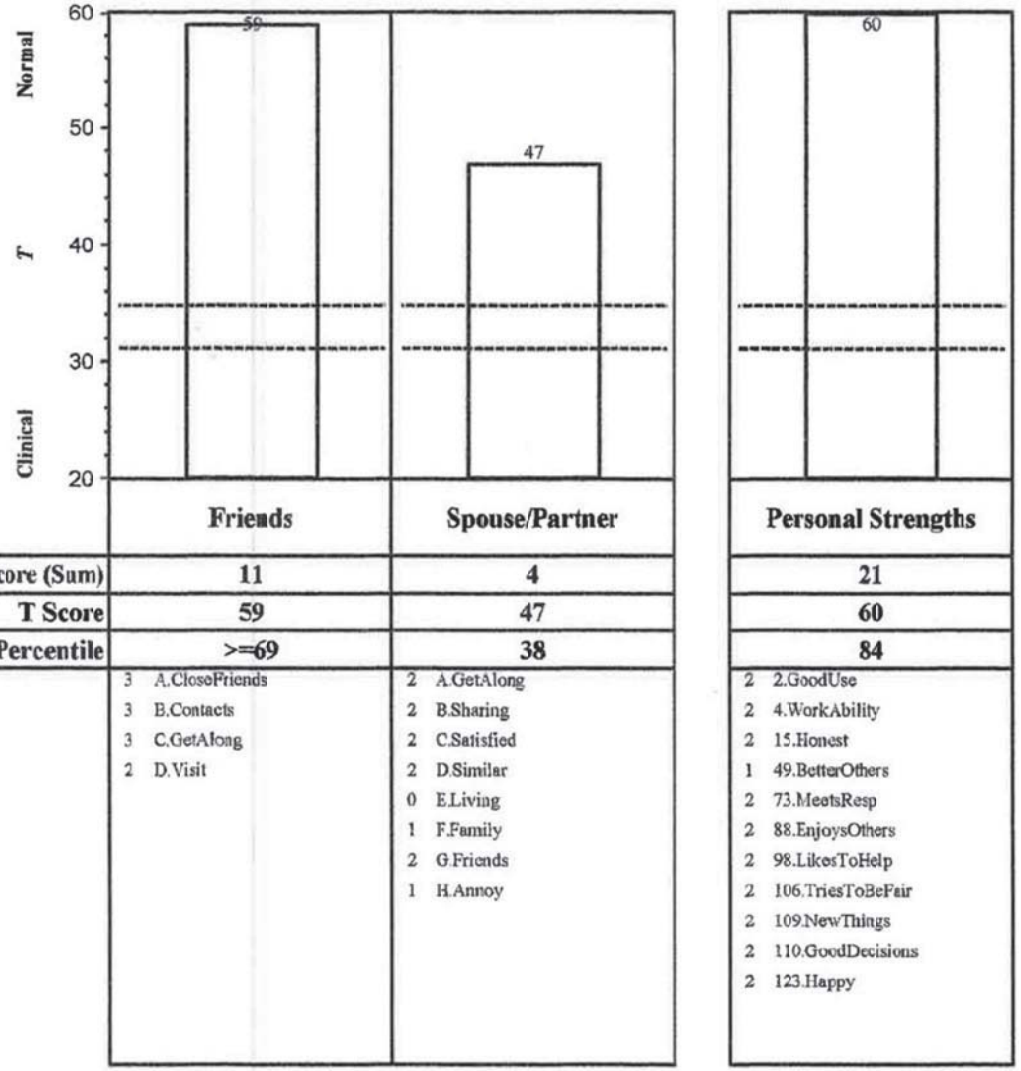
Critical Items

In addition to the scale scores, it is important to consider scores on individual problem items. Because they may raise particular challenges for management, it is especially important to note the problems listed below that were reported with scores of 1 or 2. Look at comments made by the informant on the form in relation to these problems to obtain more information about risks associated with the problems and the contexts in which the problems occur.

Score	Problem Item	Score	Problem Item	Score	Problem Item
0	6.UsesDrugs	0	21.DestroyOther	0	90.GetsDrunk
2	8.Concentrate	0	40.HearsThings	0	91.ThinksSuicide
2	9.MindOff	2	55.ElateDepress	0	92.TroubleLaw
2	10.SitStill	0	57.Attacks	0	97.Threaten
1	14.Cries	0	66.RepeatsActs	1	103.Sad
1	16.Mean	0	70.SeesThings		
0	18.HarmsSelf	0	84.StrangeBehav		

ABCL/18-59 - Adaptive Functioning Scale Scores

ID: [redacted]	**Gender:** M	**Date Completed:** 2023-02-08	**Clinician:** Christina Bacon	**Informant:** Missie King	**Society:** ASEBA Standard
Name: Markcus Kitchens	**Age:** 31	**Birth Date:** [redacted]	**Agency:**	**Relationship:** mother	**Verified:** No



	Friends	Spouse/Partner	Personal Strengths
Raw Score (Sum)	**11**	**4**	**21**
T Score	**59**	**47**	**60**
Percentile	**>=69**	**38**	**84**
	3 A.CloseFriends	2 A.GetAlong	2 2.GoodUse
	3 B.Contacts	2 B.Sharing	2 4.WorkAbility
	3 C.GetAlong	2 C.Satisfied	2 15.Honest
	2 D.Visit	2 D.Similar	1 49.BetterOthers
		0 E.Living	2 73.MeetsResp
		1 F.Family	2 88.EnjoysOthers
		2 G.Friends	2 98.LikesToHelp
		1 H.Annoy	2 106.TriesToBeFair
			2 109.NewThings
			2 110.GoodDecisions
			2 123.Happy

B = Borderline clinical range; C = Clinical range; Broken Lines = Borderline clinical range

Printed by: PEACEOFMINDKY\cbacon

EXHIBIT

PX29

exhibitsticker.com

Doc # 61

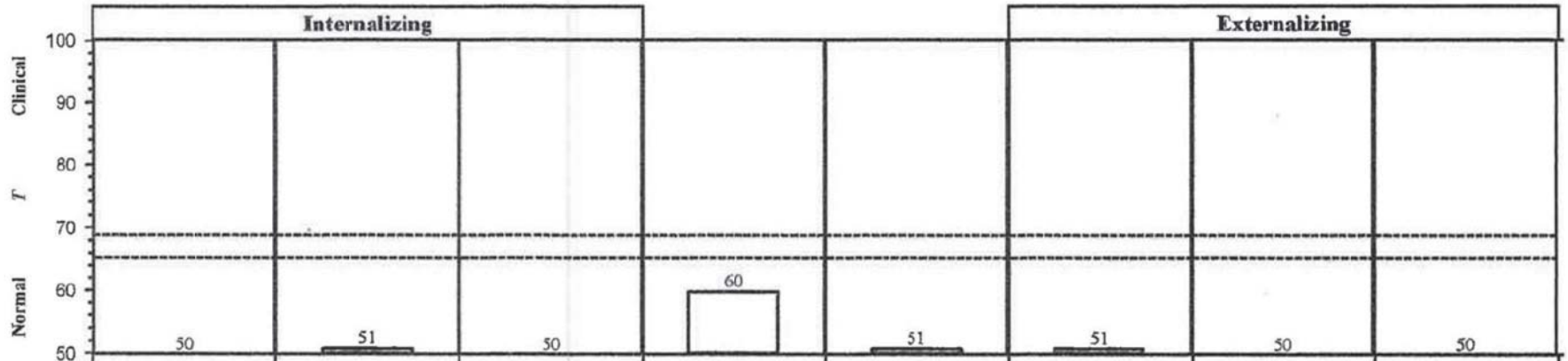
PX0121

NBMEBACON0076

ABCL/18-59 - Syndrome Scale Scores

ID: [redacted] Gender: M Date Completed: 2023-02-08 Clinician: Christina Bacon Informant: Missie King Society: ASEBA Standard

Name: Markcus Kitchens Age: 31 Birth Date: [redacted] Agency: Relationship: mother Verified: No



	Anxious / Depressed	Withdrawn	Somatic Complaints	Thought Problems	Attention Problems	Aggressive Behavior	Rule-Breaking Behavior	Intrusive
Raw Score (Sum)	2	1	0	2	4	3	0	1
T Score	50	51	50	60	51	51	50	50
Percentile	<=50	54	<=50	84	54	54	<=50	<=50
0 12.Lonely	0 25.NotGetAlong	0 51.Dizzy	2 9.MindOff C*	0 1.Forgetful	0 3.Argues	0 6.UsesDrugs C*	0 7.Brags
0 14.Cries C*	0 30.PoorRelOppSex	0 54.Tired	0 18.HarmsSelf C*	2 8.Concentrate C*	0 5.Blames	0 23.BreaksRules	1 19.DemAtten
0 31.FearDoBad	0 42.RatherBeAlone	0 56a.Aches	0 40.HearsThings C*	0 11.Dependent	0 16.Mean C*	0 26.LacksGuilt	0 74.ShowsOff
0 33.Unloved	0 48.NotLiked	0 56b.Hendaches	0 66.RepeatsActs C*	0 13.Confused	0 28.BadlyFamily	0 39.BadFriends	0 93.TalkMuch
0 34.OutToGet	0 60.EnjoysLittle	0 56c.Nausea	0 70.SeesThings C*	2 17.Daydreams	0 37.Fights	0 41.Impulsive	0 94.Teases
0 35.Worthless	0 65.Won'tTalk	0 56d.EyeProb	0 80.Stares	0 53.Can'tPlan	0 55.ElateDepress C*	0 43.LiesCheats	0 104.Loud
0 45.Nervous	0 67.NoFriends	0 56e.SkinProb	0 84.StrangeBehav C*	0 59.FailsToFinish	0 57.Attacks C*	0 76.Irresponsible	
0 47.LacksSelfConf	1 69.Secretive	0 56f.Stomachaches	0 85.StrangeIdeas	0 61.PoorWork	0 68.Screams	0 82.StealsOther	
1 50.Fearful	0 111.Withdrawn	0 56g.Vomits	0 91.ThinksSuicide C*	0 64.NotPriortize	0 81.BehavChang	0 90.GetsDrunk C*	
0 52.Guilty				0 78.Decisions	1 86.Stubborn	0 92.TroubleLaw C*	
1 71.SelfConsc				0 96.Passive	0 87.MoodChang	0 114.FailsToPay	
0 103.Sad C*				0 101.AvoidsWork	0 95.Temper	0 117.Can'tManage	
0 107.Can'tSucceed				0 102.LacksEnergy	0 97.Threaten C*	0 122.Can'tKeepJob	
0 112.Worries				0 105.Disorganized	0 113.Sulks		
				0 108.LosesThings	1 116.Upset		
				0 119.PoorAtDetails	1 118.Impatient		
				0 121.Late			

B = Borderline clinical range; C = Clinical range; Broken Lines = Borderline clinical range

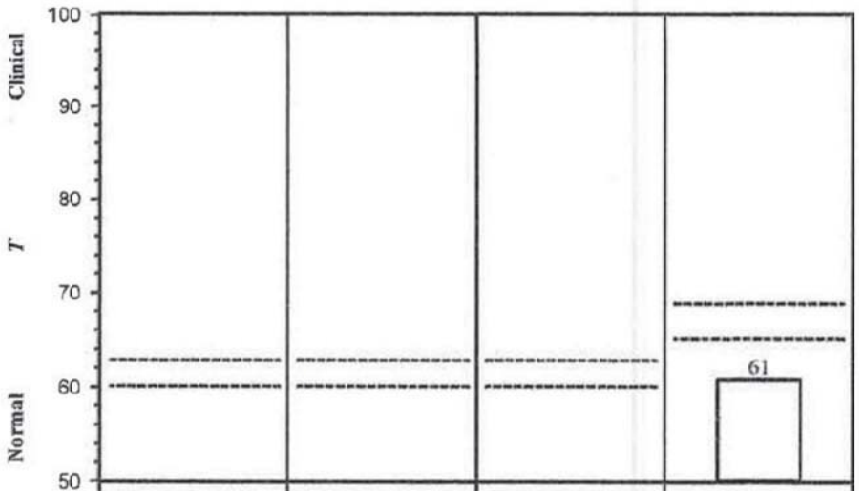
Printed by:

C = Critical Item*

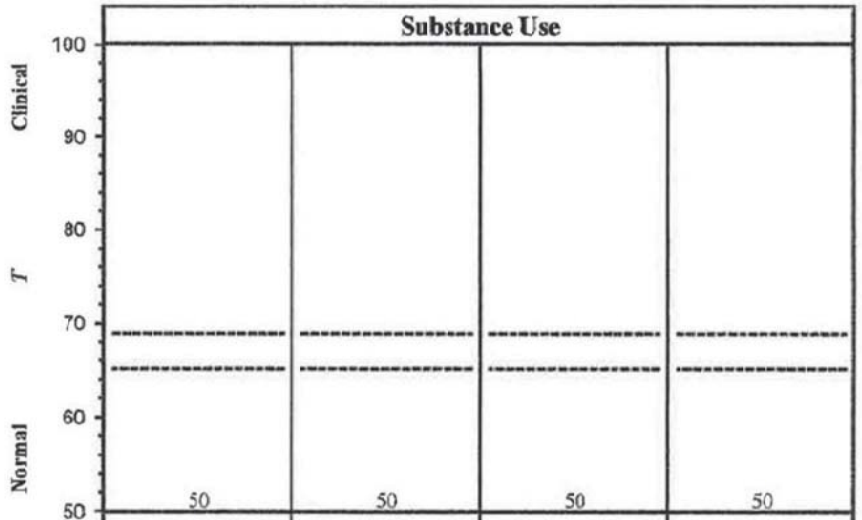
ABCL/18-59 - Internalizing, Externalizing, Total Problems, Critical Items, Substance Use, and Other Problems

ID: [redacted] Gender: M Date Completed: 2023-02-08 Clinician: Christina Bacon Informant: Missie King Society: ASEBA Standard

Name: Markcus Kitchens Age: 31 Birth Date: [redacted] Agency: Relationship: mother Verified: No



	Internalizing Problems	Externalizing Problems	Total Problems	Critical Items
Raw Score (Sum)	3	4	23	6
T Score	44	45	47	61
Percentile	28	31	38	87



	Tobacco Times Per Day	Alcohol Days Drunk	Drugs Days Used	Mean Substance Use
Raw Score (Sum)	0	0	0	50
T Score	50	50	50	50
Percentile	<=50	<=50	<=50	<=50

B = Borderline clinical range; C = Clinical range; Broken Lines = Borderline clinical range

Printed by: PEACEOFMINDKY\cbacon

C = Critical Item*

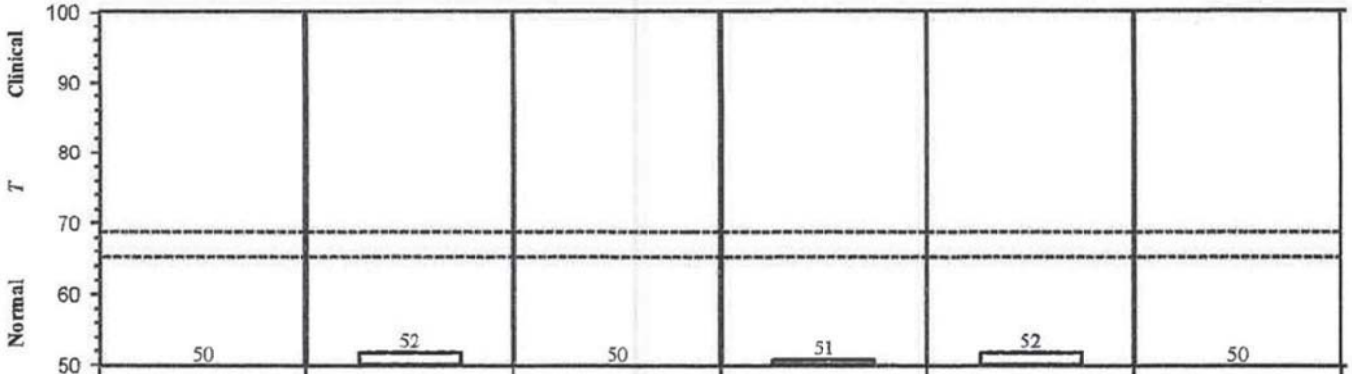
Other Problems

2	10.SitStill C*	0	38.PoorNeighbor	0	79.SpeechProb
0	20.DestroyOwn	1	44.Overwhelmed	2	83.EasilyBored
0	21.DestroyOther C*	0	46.Twitches	0	89.RushesInto
2	22.WorryFuture	0	58.PicksSkin	1	99.DislikeStay
0	24.NotEatWell	0	62.Clumsy	0	100.SleepProb
0	27.Jealous	1	63.PreferOlder	0	115.Fidgety
0	29.Fears	1	72.WorryFamily	0	120.DrivesFast
0	32.Perfect	0	75.Shy		
0	36.Accidents	0	77.SleepsMore		

ABCL/18-59 - DSM-Oriented Scales

ID: [redacted] Gender: M Date Completed: 2023-02-08 Clinician: Christina Bacon Informant: Missie King Society: ASEBA Standard

Name: Markcus Kitchens Age: 31 Birth Date: [redacted] Agency: Relationship: mother Verified: No



	Depressive Problems	Anxiety Problems	Somatic Problems	Avoidant Personality	AD/H Problems	Antisocial Personality
Raw Score (Sum)	0	4	0	1	5	0
T Score	50	52	50	51	52	50
Percentile	<=50	58	<=50	54	58	<=50
	0 14.Cries C*	2 22.WorryFuture	0 56a.Aches	0 25.NotGetAlong	0 1.Forgetful	0 3.Argues
	0 18.HarmsSelf C*	0 29.Fears	0 56b.Headaches	0 42.RatherBeAlone	2 8.Concentrate C*	0 5.Blames
	0 24.NotEatWell	0 45.Nervous	0 56c.Nausea	0 47.LacksSelfConf	2 10.SitStill C*	0 16.Mean C*
	0 35.Worthless	1 50.Fearful	0 56d.EyeProb	0 67.NoFriends	0 36.Accidents	0 21.DestroyOther C*
	0 52.Guilty	1 72.WorryFamily	0 56e.SkinProb	1 71.SelfConsc	0 41.Impulsive	0 23.BreaksRules
	0 54.Tired	0 112.Worries	0 56f.Stomachaches	0 75.Shy	0 59.FailsToFinish	0 26.LacksGuilt
	0 60.EnjoysLittle		0 56g.Vomits	0 111.Withdrawn	0 61.PoorWork	0 28.BadlyFamily
	0 77.SleepsMore				0 89.RushesInto	0 37.Fights
	0 78.Decisions				0 105.Disorganized	0 39.BadFriends
	0 91.ThinksSuicide C*				0 108.LosesThings	0 43.LiesCheats
	0 96.Passive				0 115.Fidgety	0 57.Attacks C*
	0 100.SleepProb				1 118.Impatient	0 76.Irresponsible
	0 102.LacksEnergy				0 119.PoorAtDetails	0 82.StealsOther
	0 103.Sad C*					0 92.TroubleLaw C*
	0 107.Can'tSucceed					0 95.Temper
						0 97.Threaten C*
						0 101.AvoidsWork
						0 114.FailsToPay
						0 120.DrivesFast
						0 122.Can'tKeepJob

Printed by: PEACEOFMINDKY\cbacon

Attention Problems Subscales

Inattention (I)

Hyperactivity-Impulsivity (H-I)

I	AD/H Problems	H-I
0	1.Forgetful	[redacted]
2	8.Concentrate	[redacted]
[redacted]	10.SitStill	2
[redacted]	36.Accidents	0
[redacted]	41.Impulsive	0
0	59.FailsToFinish	[redacted]
0	61.PoorWork	[redacted]
[redacted]	89.RushesInto	0
0	105.Disorganized	[redacted]
0	108.LosesThings	[redacted]
[redacted]	115.Fidgety	0
[redacted]	118.Impatient	1
0	119.PoorAtDetails	[redacted]
2	Raw Score (Sum)	3
51	T Score	54
54	Percentile	65

Borderline = 93rd-97th %ile

Clinical = >97th %ile

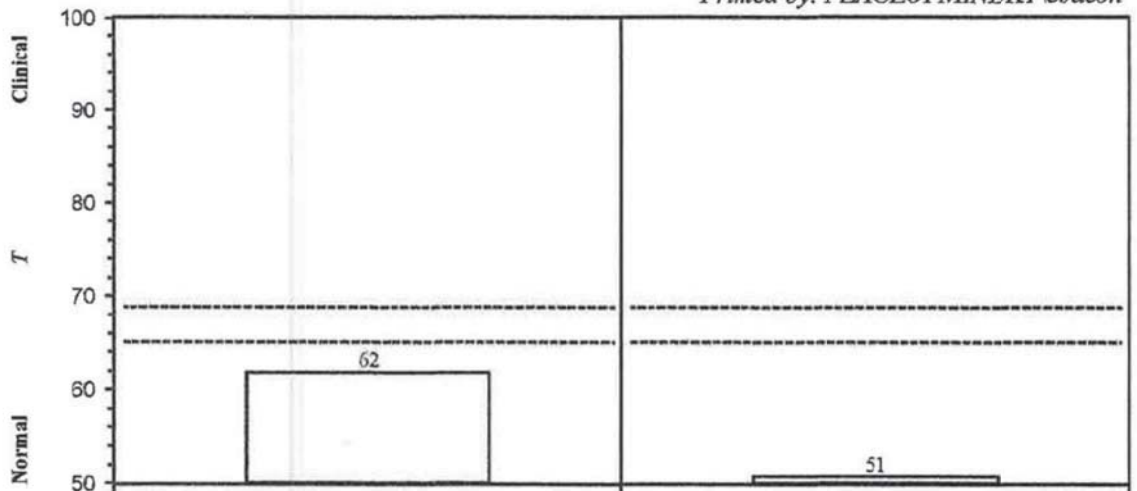
C = Critical Item*

B = Borderline clinical range; C = Clinical range; Broken Lines = Borderline clinical range

ABCL/18-59 - 2014 Scale Scores

ID:	[redacted]	**Gender:**	M	**Date Completed:**	2023-02-08	**Clinician:**	Christina Bacon	**Informant:**	Missie King	**Society:**	ASEBA Standard
Name:	Markcus Kitchens	**Age:**	31	**Birth Date:**	[redacted]	**Agency:**		**Relationship:**	mother	**Verified:**	No

Printed by: PEACEOFMINDKY\cbacon



	Sluggish Cognitive Tempo	Obsessive-Compulsive Problems
Raw Score (Sum)	**4**	**2**
T Score	**62**	**51**
Percentile	**89**	**54**
	0 13.Confused	2 9.MindOff *C**
	2 17.Daydreams	0 31.FearDoBad
	0 54.Tired	0 32.Perfect
	2 83.EasilyBored	0 52.Guilty
	0 102.LacksEnergy	0 66.RepeatsActs *C**
		0 84.StrangeBehav *C**
		0 85.StrangeIdeas
		0 112.Worries

C = Critical Item*

B = Borderline clinical range; C = Clinical range; Broken Lines = Borderline clinical range

ABCL 18-59 - Narrative Report And Critical Items

ID: MK[redacted]
Name: Markcus Kitchens
Gender: M
Age: 31
Birth Date: [redacted]

Society ASEBA Standard
Printed by:
PEACEOFMINDKY\cbacon

Date Completed: 2023-02-08
Clinician: Christina Bacon
Informant: Missie King
Relationship: mother
Agency:

The Adult Behavior Checklist for Ages 18-59 (ABCL 18-59) was completed by Missie King, Markcus's mother, to obtain Missie King's perception of Markcus's adaptive functioning, substance use, and problems.

On the ABCL/18-59 - Adaptive Functioning Scale Scores, Markcus's scores on all rated scales were in the normal range. Markcus's score on the Personal Strengths scale was in the normal range.

Missie King reported that Markcus used no tobacco in the past 6 months. Missie King reported that Markcus had not been drunk. Missie King reported that Markcus used no drugs for non-medical purposes during the past 6 months. On the Substance Use scales, Markcus's scores on all rated scales were in the normal range. Markcus's Mean Substance Use score was in the normal range for men aged 31.

On the ABCL 18-59 problem scales, Markcus's Internalizing Problems, Externalizing Problems and Total Problems scores were all in the normal range for men aged 31. Scores on all rated syndrome scales were in the normal range. Markcus's scores on the Critical Items are listed in the box below. The sum of Markcus's scores on the Critical Items was in the normal range.

On the ABCL/18-59 - DSM-Oriented Scales, Markcus's scores on all rated scales were in the normal range. On the Attention Deficit/Hyperactivity subscales, Markcus's scores on all rated scales were in the normal range.

Critical Items

In addition to the scale scores, it is important to consider scores on individual problem items. Because they may raise particular challenges for management, it is especially important to note the problems listed below that were reported with scores of 1 or 2. Look at comments made by the informant on the form in relation to these problems to obtain more information about risks associated with the problems and the contexts in which the problems occur.

Score	Problem Item	Score	Problem Item	Score	Problem Item
0	6.UsesDrugs	0	21.DestroyOther	0	90.GetsDrunk
2	8.Concentrate	0	40.HearsThings	0	91.ThinksSuicide
2	9.MindOff	0	55.ElateDepress	0	92.TroubleLaw
2	10.SitStill	0	57.Attacks	0	97.Threaten
0	14.Cries	0	66.RepeatsActs	0	103.Sad
0	16.Mean	0	70.SeesThings		
0	18.HarmsSelf	0	84.StrangeBehav		

PEACE OF MIND
Counseling

Report of Attention Deficit Hyperactivity Disorder Evaluation
(Confidential Information)

IDENTIFYING INFORMATION
Patient Name: Markcus Kitchens
Patient DOB: [redacted]
Chronological Age: 31 years, 0 months
Appointment Dates: 2/7/23 (Intake Interview), 2/8/23 (Testing)
Gender: Male
Provider: Christina G. Bacon, LPP

ASSESSMENT PROCEDURES
Clinical Interview
Record review
Behavioral Observations
DIVA-2
Achenbach System of Empirically Based Assessment- self-report
Achenbach System of Empirically Based Assessment- spouse's report
Achenbach System of Empirically Based Assessment- mother's report
MOXO- Distracted Continuous Performance Test (d-CPT)

REFERRAL QUESTION
Dr. Kitchens is a 31-year-old male who requested an ADHD assessment. He explained that while he had been treated for ADHD for years, he was unable to use the current diagnosis and would need another assessment for confirmation.

CHIEF COMPLAINT & CURRENT SYMPTOMS
Upon the clinical interview with Dr. Kitchens, he indicated that he felt worried about the extreme difficulty he has had taking an exam without accommodations. He explained that he was diagnosed with ADHD as a young child (approximately 1st or 2nd grade) with difficulty with attending, following directions, completing tasks, and using impulse control. He reported that while he was treated with behavioral management of the symptoms, his mother would not agree to medication management of his symptoms. Dr. Kitchens reported that he had previously been assessed in Lexington, but was unsure where and did not have a copy of his report. He has been seen by a nurse practitioner for the past six months and has been prescribed Adderall 20mg twice per day to manage his symptoms.

EXHIBIT
PX30
exhibitsticker.com

Doc #20

He explained the negative impact of his symptoms on his daily life and particularly taking tests. Dr. Kitchens struggles with executive functioning, including working memory, focusing on the task at hand, managing his time efficiently, impulse control, resuming tasks once interrupted, and tolerating stress. He noted that maintained structure and multiple whiteboards, notes, and reminders in all areas of his home. He reported that even with the scaffolding he has created, he still forgets a task or loses track of time. Dr. Kitchens explained that distractibility is such an issue for him, he uses noise-canceling headphones, has covered the window in his office, and removes all distractors from his space when working.

PSYCHIATRIC HISTORY AND TREATMENT

Dr. Kitchens participated in an ADHD assessment in 2013 which resulted in a diagnosis of Attention Deficit Hyperactivity Disorder, Combined presentation. At that time, he was prescribed medication to manage his symptoms. He continued taking medication aside from a break while studying abroad, where he followed local laws regarding the medication. Dr. Kitchens regularly meets with Tina Holbrook, Nurse Practitioner for medication management of his symptoms.

CURRENT MEDICATIONS

Propranolol
Adderall 20 mg, twice per day

MEDICAL HISTORY

No relevant medical issues.

FAMILY HISTORY/LIVING SITUATION

Dr. Kitchens grew up in Chatanooga, TN where he lived with his mother and brother. He explained that his mother ensured he had structure to allow him to be successful. His mother enrolled him in tutoring, extra-curricular activities, and unofficial accommodations while in school. He currently lives with his wife in Richmond, Kentucky.

EDUCATIONAL/OCCUPATIONAL HISTORY

Markcus graduated high school from Tyner Academy and then Berea College with undergraduate degrees in pre-medicine and music. He attended the Medical University of Lublin, beginning in 2016. Dr. Kitchens was actively involved in his education and participated in student groups. He explained that he was successful in rounds, interacting with the patients, and managing hands-on work.

He started a Master's Degree in Healthcare Administration at Capella University but has taken a leave of absence due to an inability to follow through and stay on task without strict guidelines and structure to ensure the completion of tasks. He plans to resume studying for his Master's Degree after the completion of board exams.

SOCIAL HISTORY

Dr. Kitchens explained that while he has made friends, he often struggles with the fear that he will upset others based on his tendency to be verbose, and mistakenly interrupt others. He reported that his desire to fit in and connect with others has motivated him to learn and practice social skills, but he recognizes he still has the tendency to be intrusive with others.

BEHAVIORAL OBSERVATIONS

Dr. Kitchens was assessed over two one-hour sessions. He attended the telehealth appointments and participated appropriately throughout. Markcus appeared well-groomed and dressed appropriately for the weather and assessment. He demonstrated adequate hearing and vision for the testing as evidenced by answering questions and by following visual and verbal instructions.

During the clinical semi-structured interview, Dr. Kitchens was pleasant and open to answering questions about his experiences and symptoms. While he endorsed most of the symptoms, he required many words to describe his symptoms and displayed associative speech, as often seen with ADHD. He openly discussed the similarities and differences in his experience in childhood and adulthood. Markcus demonstrated excellent effort, and therefore, the current results are believed to be an accurate reflection of his functioning.

While taking the twenty-minute MOXO-dCPT, Dr. Kitchens displayed difficulty sitting still as evidenced by twisting in his chair, shaking his hands, and fidgeting in his seat. He was verbose throughout all sessions and often apologized for interrupting the examiner. Further, he showed the examiner the scaffolding he has set in place in his home to improve his ability to function. He had removed all visual distractors and implemented schedules, routines, and physical supports in his home. This demonstrated a desire to succeed in this endeavor and the use of coping strategies along with medication management of his symptoms.

RESULTS

Diagnostic Interview for ADHD in Adults-2 (DIVA-2)

During the semi-structured interview, Dr. Kitchens answered a series of questions focused on the specific behaviors related to ADHD. The DIVA-2 is a thorough evaluation of the diagnostic criteria for ADHD in adulthood. It is divided into domains focusing on criteria for inattention and hyperactivity during both adulthood and childhood. The DIVA-2 also assesses how these symptoms affect specific areas of life (i.e., work, relationships, social contacts, free time, self-confidence, and self-image).

Dr. Kitchens actively participated in this interview and answered all questions with relevant examples. He endorsed all nine criteria for inattention related to ADHD. He endorsed the following symptoms as being problematic in his life since childhood: failing to give close attention to details, difficulty sustaining attention in tasks, does not seem to listen when spoken to directly, failing to follow through on instructions, difficulty organizing tasks and activities, avoiding, disliking, or is reluctant to engage in tasks that require sustained mental effort, loses things necessary for tasks or activities, easily distracted by extraneous stimuli, and forgetful in daily activities.

He endorsed all nine symptoms related to hyperactivity in ADHD. Dr. Kitchens endorsed the following symptoms as being problematic in his life regularly: fidgeting with hands or feet or squirming in his seat, often standing when sitting is expected, feeling restless, finding it difficult to relax in leisure activities, often on the go, talking excessively, giving the answer before questions have been completed, difficulty waiting his turn, and interrupting the activities of others due to impatience.

Dr. Kitchens reported that these symptoms affect multiple facets of his life including work, social relationships, self-confidence, and self-image. Despite Dr. Kitchens successfully completing medical

school, the symptoms have had a great impact on his work and education. His difficulty completing the board exams seems directly linked to his symptoms of ADHD. The impact on his self-image seems to be causing distress and more pressure to pass the exams. He explained uncertainty based on negative comments of others, negative self-image due to experiences of failure, and being distressed by the symptoms.

Achenbach System of Empirically Based Assessment (ASEBA) - Self-Report

ASEBA has been proven effective for differential diagnosis and recognizing behavioral trends and critical items. It has been shown to be highly reliable, valid, and normed with age and gender. The Adult Self-Report for Ages 18-59 (ASR 18-59) was completed by Markcus, to obtain his perception of his adaptive functioning and problems.

On the ASR/18-59 - Adaptive Functioning Scale Scores, Markcus's scores on the Friends, Spouse/Partner, and Family syndromes were in the normal range. Markcus's score on the Job syndrome was in the clinical range below the 3rd percentile. Markcus's score on the Education syndrome was in the borderline clinical range (3rd to 7th percentile). Markcus's score on the Mean Adaptive scale was in the normal range. Markcus's score on the Personal Strengths scale was in the normal range.

Markcus reported using no tobacco in the past 6 months. It was reported that Markcus had not been drunk. Markcus reported using no drugs for non-medical purposes during the past 6 months. On the Substance Use scales, Markcus's scores on all rated scales were in the normal range. Markcus's Mean Substance Use score was in the normal range for self-reports by men aged 31.

On the ASR 18-59 problem scales, Markcus's Internalizing Problems, Externalizing Problems, and Total Problems scores were all in the clinical range above the 90th percentile for men aged 31. Markcus's scores on the Withdrawn, Somatic Complaints, Thought Problems, Aggressive Behavior, and Rule-Breaking Behavior syndromes were in the normal range. Markcus's score on Attention Problems syndrome was in the borderline clinical range (93rd to 97th percentile). Markcus's scores on the Anxious/Depressed and Intrusive syndromes were in the clinical range above the 97th percentile. These results indicate that Markcus reported more problems than are typically reported for men aged 31, particularly problems of Anxious / Depressed, Attention Problems, and Intrusive nature. Markcus's scores on the Critical Items are listed in the box below. The sum of Markcus's scores on the Critical Items was in the borderline clinical range (93rd to 97th percentile).

On the ASR/18-59 - DSM-Oriented Scales, Markcus's scores on the Somatic Problems, Avoidant Personality Problems, and Antisocial Personality scales were in the normal range. Markcus's scores on the Depressive Problems, Anxiety Problems, and AD/H Problems scales were in the clinical range above the 97th percentile. These results indicate that the DSM should be consulted to determine whether Markcus meets the diagnostic criteria for Depressive Problems, Anxiety Problems, and AD/H Problems. On the Attention Deficit/Hyperactivity subscales, Markcus's scores on all rated scales were in the clinical range above the 97th percentile.

Attention Problems Subscales
Inattention (I) Hyperactivity-Impulsivity (H-I)

I	AD/H Problems		H-I
2	1.	Forgetful	-
2	8.	Concentrate	-
-	10.	SitStill	2
-	36.	Accidents	0
-	41.	Impulsive	2
2	59.	FailsToFinish	-
1	61.	PoorWork	-

I	AD/H Problems		H-I
-	89.	Rushes Into	2
1	105.	Disorganized	-
2	108.	LosesThings	-
-	115.	Fidgety	2
-	118.	Impatient	2
2	119.	PoorAtDetails	-

I	AD/H Problems	H-I
12	Raw Score	10
76	T-Score	75
>97	Percentile	>97

Borderline = 93rd-97th Percentile
Clinical = >97th Percentile

Achenbach System of Empirically Based Assessment (ASEBA) - Spouse's Report

The Adult Behavior Checklist for Ages 18-59 (ABCL 18-59) was completed by Amelia Kitchens, Markcus's spouse, to obtain Amelia Kitchens's perception of Markcus's adaptive functioning, substance use, and problems. On the ABCL/18-59 - Adaptive Functioning Scale Scores, Markcus's scores on all rated scales were in the normal range. Markcus's score on the Personal Strengths scale was in the normal range.

Amelia Kitchens reported that Markcus used no tobacco in the past 6 months. Amelia Kitchens reported that Markcus had not been drunk. Amelia Kitchens reported that Markcus used no drugs for non-medical purposes during the past 6 months. On the Substance Use scales, Markcus's scores on all rated scales were in the normal range. Markcus's Mean Substance Use score was in the normal range for men aged 31.

On Markcus's ABCL 18-59 problem scales for men aged 31, the Internalizing Problems scale score was in the clinical range above the 90th percentile, the Externalizing Problems scale score was in the normal range, the Total Problems scale score was in the clinical range above the 90th percentile. His scores on the Withdrawn, Somatic Complaints, Aggressive Behavior, and Rule-Breaking Behavior syndromes were in the normal range. His scores on Thought Problems, Attention Problems, and Intrusive syndromes were in the borderline clinical range (93rd to 97th percentile). His score on the Anxious / Depressed syndrome was in the clinical range above the 97th percentile. These results indicate that Amelia Kitchens reported more problems than are typically reported for men aged 31, particularly problems of Anxious / Depressed, Thought Problems, Attention Problems, and Intrusive nature.

On the ABCL/18-59 - DSM-Oriented Scales, Markcus's scores on the Somatic Problems, Avoidant Personality Problems, and Antisocial Personality scales were in the normal range. Markcus's scores on the Anxiety Problems and AD/H Problems scales were in the clinical range above the 97th percentile.

These results indicate that the DSM should be consulted to determine whether Markcus meets the diagnostic criteria for Anxiety Problems and AD/H Problems. Markcus's score on the Depressive Problems scale was in the borderline clinical range (93rd to 97th percentile). Markcus's score in the borderline clinical range suggests that the DSM should be consulted to determine whether Markcus might meet diagnostic criteria for disorders characterized by problems included on that scale. On the Attention Deficit/Hyperactivity subscales, Markcus's score on the Inattention Problems Subscale scale was in the clinical range above the 97th percentile. Markcus's score on the Hyperactivity-Impulsivity scale was in the borderline clinical range (93rd to 97th percentile).

Attention Problems Subscales

Inattention (I) Hyperactivity-Impulsivity (H-I)

I	AD/H Problems		H-I
2	1.	Forgetful	-
2	8.	Concentrate	-
-	10.	SitStill	2
-	36.	Accidents	0
-	41.	Impulsive	2
2	59.	FailsToFinish	-

I	AD/H Problems		H-I
1	61.	PoorWork	-
-	89.	RushesInto	1
1	105.	Disorganized	-
2	108.	LosesThings	-
-	115.	Fidgety	2
-	118.	Impatient	1
1	119.	PoorAtDetails	-

I	AD/H Problems	H-I
11	Raw Score	8
73	T-Score	69
>97	Percentile	97

Borderline = 93rd-97th Percentile

Clinical = >97th Percentile

MOXO d-CPT

MOXO d-CPT is a continuous performance test that is highly effective in the measurement of Attentiveness, Timeliness, Impulsivity, and Hyper-reactivity. This computerized assessment tool has shown a 90% sensitivity in the recognition of symptoms of ADHD, with reliable test-retest results.

The MOXO d-CPT lasts approximately twenty minutes and measures four different areas related to ADHD. The Attentiveness scale measures the participant's ability to respond correctly and remain focused. Timeliness measures the ability to respond quickly and accurately. The Impulsivity scale measures the tendency to respond hastily, without evaluating the situation. Hyperactivity measures difficulty in regulating motor skills.

According to the norm comparison table in the MOXO test, Markcus presented a deviation outside the normal range on the Attention, Timeliness, Impulsiveness, and Hyper-Reactivity scales. Each scale is measured with a z-score, compared to same-age peers. The z-score for Attention (-15.20), Timeliness (-5.07), Impulsiveness (-4.05), and Hyper-Reactivity (-8.05) illustrate the expectation of impairment in these areas. Each deficit is rated in either low, medium, high, or extreme severity. His scores represented an extreme level of deficit on all four scales. This level of deficit would noticeably affect his ability to

attend to important information, answer questions in a timely manner, evaluate and respond quickly and accurately, and regulate motor responses.

Dr. Kitchens's baseline results demonstrated decreased performance in attentiveness and timeliness, where his impulsivity improved as the test progressed. Visual distractors decreased his performance in timeliness but showed an increase in hyper-reactivity. Auditory distractors did not affect his performance. A combination of auditory and visual distractors resulted in a decrease in his timeliness and an improvement in hyper-reactivity. When presented with all auditory and visual distractors at once, his performance was not affected.

According to the norm comparison table in the MOXO test, a deviation from the norm is detected in Dr. Kitchens's tests. This deviation could indicate attention difficulties and along with other findings, the existence of ADHD.

SUMMARY & INTERPRETATION

Dr. Kitchens demonstrated excellent effort during testing; therefore, his test results are considered an accurate reflection of his current functioning.

Markcus has shown similar behaviors in his home and during the evaluation. His focus on achievement and motivation to manage his symptoms seem to have prevented him from experiencing more negative outcomes.

During the DIVA-2 semi-structured interview, Dr. Kitchens actively participated and endorsed nine symptoms related to the Inattentive presentation of ADHD and nine symptoms related to the Impulsive/Hyperactive presentation of ADHD. According to the DSM-5-TR, three symptoms of either Inattention or Impulsive/Hyperactive are needed to diagnose each presentation, or three from both to diagnose a combined presentation. He exceeds the number of symptoms for diagnosis of ADHD, Combined presentation. As noted earlier, Markcus's behavior has been seen since childhood, diagnosed by multiple practitioners, and has been provided medication for the disorder since 2013. Further, ADHD is known to be a lifelong neurodevelopmental disorder. According to Russell Barkley, Ph.D., significant impairment persists in 50-89 percent of adults who were diagnosed as children.

The Achenbach System of Empirically Based Assessments indicated similar answers between Dr. Kitchens and his wife. This indicates that he and his wife see similar behaviors. Both Dr. Kitchens and his wife rated his Inattentive symptoms above the 97th percentile. Dr. Kitchens rated Impulsivity above the 97th percentile while his wife rated it at the 97th percentile.

On a computerized measure of sustained attention, timeliness, impulsivity, and hyper-reactivity, he produced atypical z-scores in all four scales. These deviations are consistent with attention difficulties related to ADHD.

Dr. Kitchens presented consistent behavior throughout the assessment. His behavior during the observation and semi-structured interview were consistent with the reports of his behavior on the Achenbach System of Empirically Based Assessments. Further, his performance on the MOXO d-CPT indicates consistency with ADHD.

Markcus has been diligently focused on learning coping skills to manage symptoms including organization, routine, structure, reminders, and removal of distractions. Unfortunately, despite creatively managing some aspects of his environment and symptoms, he continues to experience significant difficulties with the symptoms of restlessness, distraction, forgetfulness, losing items, managing time, and focusing.

DIAGNOSTIC IMPRESSIONS

Attention-Deficit Hyperactivity Disorder, Combined Presentation

RECOMMENDATIONS FOR CARE

1.) It is recommended that Markcus continue to participate in medication management and/or therapy to provide support regarding his current symptoms of ADHD.

2.) Dr. Kitchens is recommended to seek accommodations when taking tests, such as board exams. Some recommendations for possible accommodations include, but are not limited to

a) The allowance of extra time for test completion, double time would be recommended
b) The allowance of extra breaks to move during testing
c) The ability to wear noise-canceling headphones or earplugs to decrease the audio distractions in the exam room
d) The option to break the test into smaller time periods, over multiple days

3.) It is recommended that Dr. Kitchens engage in regular physical and mental self-care activities that bring him enjoyment. Ensuring consistent schedules including regular time to go to bed and wake, ensuring proper daily water intake and nutrition, and engaging in regular social activities can provide significant benefits to mental health.

4.) Markcus is encouraged to seek information related to managing ADHD symptoms from reputable sources such as reliable podcasts (CHADD, ADDitude Magazine, etc.) and books (i.e., "Taking Charge of Adult ADHD" by Russell Barkley, Ph.D.).

Thank you for allowing us to be a part of your care. Should you have any questions or concerns, please do not hesitate to contact me at christina@peaceofmindky.com

Christina G Bacon, LPP

Christina G. Bacon, LPP

Christina Bacon

Berea, KY 40403
christina.bacon2009@gmail.com
859-302-1768

Twenty years of experience providing therapy to children, adolescents, and adults in various therapeutic settings has given me a breadth of experience and knowledge. Core competencies include behavioral concerns, learning disorders, anxiety and mood disorders, stress management, relational issues, trauma, and parenting concerns. In-depth experience in administration, scoring, and interpretation of psychological assessments. I strive to provide excellent client care to underserved populations by assisting, mentoring, and celebrating their goal achievements in overall wellness.

Professional Specialties

- Behavioral Health
- Individual / Group Therapy
- Crisis Intervention
- Parenting
- Developmental Delays
- Assisting parents to navigate school interactions and interventions
- Cognitive Behavior Therapy
- Trauma-focused Cognitive Behavior Therapy
- Working with LGBTQ Community
- Program Development/Coordination
- Eye Movement Desensitization and Reprocessing
- Partnerships within the community
- Experienced in Telehealth
- Mood and Anxiety Disorder
- Expertise in DSM-V TR Diagnosis
- Treatment Analysis/Planning
- Document Research/Review
- Parent-Child Interaction Therapy
- Trauma Play
- Play Therapy Techniques
- PTSD/Trauma/Abuse
- Relationship/Family Issues

Professional License

Licensed Psychological Practitioner #247601

May 2019 to present

Licensed to work independently, without clinical supervision.

Work Experience

Therapist

Peace of Mind Counseling - Richmond, KY

June 2022 to present

As a therapist with Peace of Mind Counseling, I am responsible for maintaining a diverse caseload, building rapport, and developing appropriate community relationships. While I work with all ages and situations, my therapeutic focus has been on individuals and families with trauma histories.

- Identify various needs and refer clients to appropriate community resources (e.g. targeted case managers, psychiatrists, medical professionals, etc.)
- Maintain extensive and appropriate documentation
- Developed relationships with area schools to allow regular contact and referrals
- Initiated communication with various community outreach organizations
- Assessment and implementation of behavioral management plans

EXHIBIT
PX31
exhibitsticker.com

Kentucky Mental Health Care - Louisville, KY
August 2020 to June 2022

As a therapist with Kentucky Mental Health Care, I was responsible for maintaining a large and diverse caseload, building rapport, and developing appropriate community relationships. While I worked with all ages and situations, my therapeutic focus has been on individuals and families with trauma histories.

- Identify various needs and refer clients to appropriate community resources (e.g. targeted case managers, psychiatrists, medical professionals, etc.)
- Maintain extensive and appropriate documentation
- Developed relationships with area schools to allow regular contact and referrals
- Initiated communication with various community outreach organizations
- Assessment and implementation of behavioral management plans
- Provide feedback and assistance related to safety and reporting issues

Parsons Counseling - Berea, KY
August 2016 to July 2020

As a therapist with Parsons Counseling, I was responsible for maintaining a large and diverse caseload, building rapport, and developing appropriate community relationships. While I work with all ages and situations, my therapeutic focus has been on individuals and families with trauma histories.

- Identify various needs and refer clients to appropriate community resources (e.g. targeted case managers, psychiatrists, medical professionals, etc.)
- Maintain extensive and appropriate documentation
- Developed relationships with area schools to allow regular contact and referrals
- Initiated communication with various community outreach organizations
- Assessment and implementation of behavioral management plans
- Mentor and support associate-level clinicians
- Provide feedback and assistance related to safety and reporting issues
- Deliver guidance related to ethical concerns
- Established a relationship with the local chapter of the Gay, Lesbian, and Straight Education Network (GLSEN)

Treatment Director

The Bair Foundation - Lexington, KY
August 2013 to October 2016

I focused on providing effective therapy for the children in my care and helped to ensure a safe environment in which to live. I was responsible for the direct treatment of the children and the training of the families licensed under the company.

- Identified various needs and referred clients to appropriate community resources (e.g. targeted case managers, psychiatrists, medical professionals, etc.)
- Trained foster parents to recognize and interact appropriately when children presented trauma symptoms • Completed extensive treatment plans for foster children
- Assisted foster families to develop conducive environments for children in care
- Assessment and implementation of behavioral management plans
- Foster home inspections and reviews
- Ensured compliance with state and federal regulations
- Collaboration with the local Cabinet for Health and Family Services and the Department of Juvenile Justice • Maintained extensive and appropriate documentation
- Developed relationships with area schools to allow regular contacts
- Initiated communication with various community outreach organizations
- Mentored and supported company case managers
- Provided feedback and assistance related to safety and reporting issues
- Delivered guidance related to ethical concerns

Program Director
Bluegrass Regional MH/MR Board, Inc
September 2005 to October 2011

Along with the responsibilities listed as a Therapist for this program, I assumed additional administrative duties. Administrative duties included but were not limited to the administrative supervision of employees, hiring therapists and assistants to the program, and assignment of new clients to therapists based on levels of need and expertise.

- Identified various needs and referred clients to appropriate community resources (e.g. targeted case managers, psychiatrists, medical professionals, etc.)
- Large and diverse caseload
- Responsibility for finances of the individual program
- Served as Early Childhood Specialist – working with children three years and younger
- Assisted daycares in assessing environmental and behavioral concerns
- Provided behavioral management training for daycare workers
- Managed after-school group therapy with children labeled Severely Emotional Disturbed • Provided guardianship evaluations in Lincoln County, Kentucky
- Completed assessments for involuntary commitment to hospitalizations
- Developed and implemented a summer camp focused on reading and self-esteem, in collaboration with the local school system
- Maintained extensive and appropriate documentation
- Developed relationships with area schools to allow regular contact and referrals
- Initiated communication with various community outreach organizations
- Mentored and supported colleagues
- Provided feedback and assistance related to safety and reporting issues
- Delivered guidance related to ethical concerns

Therapist
Bluegrass Regional MH/MR Board, Inc - Stanford, KY
May 2003 to September 2005

While working in the Intensive Outpatient Program for Children and Families, I focused on individual and group therapy, teaching parenting skills, implementing behavior modification as well as educating and assisting teachers in its use.

- Identified various needs and referred clients to appropriate community resources (e.g. targeted case managers, psychiatrists, medical professionals, etc.)
- In-home treatment
- Behavioral skill development within a group setting
- Social and coping skill development within a group setting
- Created and administered parenting classes
- Assisted with the development and implementation of Individual Education Plans (IEPs) and 504 Plans
- Performed intellectual assessments
- Maintained extensive and appropriate documentation
- Developed relationships with area schools to allow regular contact and referrals
- Initiated communication with various community outreach organizations

Education

Master's in Clinical Psychology
Eastern Kentucky University - Richmond, KY
May 2003

Bachelor of Science in Psychology
Eastern Kentucky University - Richmond, KY
May 2001

Groups

Kentucky Psychological Association
October 2018 to Present

American Psychological Association
January 2023 to Present

Progress Notes

Arthur G Yin at 02/10/22 1530

Author: Arthur G Yin
Filed: 02/10/22 1530
Editor: Arthur G Yin (Physician)

Service: —
Encounter Date: 2/10/2022

Author Type: Physician
Status: Signed

Subjective

Markcus Kitchens is a 30 y.o. male.

No chief complaint on file.

History of Present Illness
Patient here for video visit. Patient complains anxious nervous stable on propranolol. Also ADD stable on medication Adderall. Patient denies any hypertension tachycardia.

Current Outpatient Medications:
- amphetamine-dextroamphetamine (ADDERALL) 15 MG tablet, Take 1 tablet by mouth 2 (Two) Times a Day., Disp: 60 tablet, Rfl: 0
- propranolol (INDERAL) 20 MG tablet, Take 1 tablet by mouth 3 (Three) Times a Day., Disp: 270 tablet, Rfl: 3

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Review of Systems
All other systems reviewed and are negative.

Objective

Physical Exam
Pulmonary:
Effort: Pulmonary effort is normal.
Neurological:
Mental Status: He is alert. Mental status is at baseline.

All tests have been reviewed.

Assessment/Plan

Diagnoses and all orders for this visit:

Attention deficit disorder, unspecified hyperactivity presence
- amphetamine-dextroamphetamine (ADDERALL) 15 MG tablet; Take 1 tablet by mouth 2 (Two) Times a Day.

Test anxiety
- propranolol (INDERAL) 20 MG tablet; Take 1 tablet by mouth 3 (Three) Times a Day.

You have chosen to receive care through a telehealth visit. Do you consent to use a video/audio connection for your medical care today? Yes

You have chosen to receive care through a telehealth visit. Do you consent to use a video/audio connection for your medical care today? Yes

Individuals involved in this encounter:

EXHIBIT
PX32

Markcus Kitchens
Courtney Clark, RMA
Dr. A. Yin

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

2/10/2022 3:30 PM BAPTIST HEALTH MEDICAL GROUP PRIMARY CARE 859-624-6366

Instructions from Arthur G Yin, MD

Today's medication changes

CHANGE how you take:
amphetamine-dextroamphetamine (ADDERALL)

Accurate as of February 10, 2022 11:59 PM.
Review your updated medication list below.

Pick up these medications at WALGREENS DRUG STORE #19411 - RICHMOND, KY - 654 UNIVERSITY SHOPPING CENTER AT UNIVERSITY SHOPING CNTR & LANCASTER - 859-623-7326 PH - 859-626-9679 FX

amphetamine-dextroamphetamine • propranolol

Address: 654 UNIVERSITY SHOPPING CENTER, RICHMOND KY 40475-2614
Phone: 859-623-7326

Today's Visit

You saw Arthur G Yin, MD on Thursday February 10, 2022. The following issue was addressed: Attention deficit disorder, unspecified hyperactivity presence.

What's Next

You currently have no upcoming appointments scheduled.

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

Your Medication List as of February 10, 2022 11:59 PM

ⓘ Always use your most recent med list.

CHANGE	**amphetamine-dextroamphetamine** 15 MG tablet Commonly known as: ADDERALL	Take 1 tablet by mouth 2 (Two) Times a Day. What changed: **See the new instructions.**
	propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

2/11/2022 BAPTIST HEALTH MEDICAL GROUP PRIMARY CARE 859-624-6366

Today's Visit

You spoke with Arthur G Yin, MD on Friday February 11, 2022.

What's Next

You currently have no upcoming appointments scheduled.

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

EXHIBIT

PX33

exhibitsticker.com

Your Medication List as of February 11, 2022 11:59 PM

ⓘ Always use your most recent med list.

amphetamine-dextroamphetamine 15 MG tablet Commonly known as: ADDERALL	Take 1 tablet by mouth 2 (Two) Times a Day.
propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

Progress Notes

Arthur G Yin at 04/28/22 1012

Author: Arthur G Yin | Service: — | Author Type: Physician
Filed: 04/28/22 1012 | Encounter Date: 4/28/2022 | Status: Addendum
Editor: Arthur G Yin (Physician)
Related Notes: Original Note by Arthur G Yin (Physician) filed at 04/28/22 0956

Subjective

Markcus Kitchens is a 30 y.o. male and is here for a comprehensive physical exam.

Do you take any herbs or supplements that were not prescribed by a doctor? no
Are you taking calcium supplements? no
Are you taking aspirin daily? no

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Review of Systems
Constitutional: Negative.
HENT: Negative.
Eyes: Negative.
Respiratory: Negative.
Cardiovascular: Negative.
Gastrointestinal: Negative.
Endocrine: Negative.
Genitourinary: Negative.
Musculoskeletal: Negative.
Skin: Negative.
Allergic/Immunologic: Negative.
Neurological: Negative.
Hematological: Negative.
Psychiatric/Behavioral: Negative.
All other systems reviewed and are negative.

Physical Exam
Vitals and nursing note reviewed.
Constitutional:
  Appearance: He is well-developed.
HENT:
  Head: Normocephalic and atraumatic.
  Right Ear: External ear normal.
  Left Ear: External ear normal.
  Nose: Nose normal.
Eyes:
  Conjunctiva/sclera: Conjunctivae normal.
  Pupils: Pupils are equal, round, and reactive to light.
Neck:
  Thyroid: No thyromegaly.
Cardiovascular:
  Rate and Rhythm: Normal rate and regular rhythm.
  Heart sounds: Normal heart sounds.
Pulmonary:
  Effort: Pulmonary effort is normal.
  Breath sounds: Normal breath sounds.
Abdominal:
  General: Bowel sounds are normal.
  Palpations: Abdomen is soft.
Musculoskeletal:
  General: Normal range of motion.
  Cervical back: Normal range of motion and neck supple.

Skin:
General: Skin is warm and dry.
Neurological:
Mental Status: He is alert and oriented to person, place, and time.
Deep Tendon Reflexes: Reflexes are normal and symmetric.
Psychiatric:
Behavior: Behavior normal.
Thought Content: Thought content normal.
Judgment: Judgment normal.

All tests have been reviewed.

Assessment/Plan

1. Patient Counseling:
--Nutrition: Stressed importance of moderation in sodium/caffeine intake, saturated fat and cholesterol, caloric balance, sufficient intake of fresh fruits, vegetables, fiber, calcium and iron.
--Exercise: Stressed the importance of regular exercise.
--Injury prevention: Discussed safety belts, safety helmets, smoke detector, smoking near bedding or upholstery.
--Dental health: Discussed importance of regular tooth brushing, flossing, and dental visits.
--Immunizations reviewed.
--Discussed benefits of screening colonoscopy.
--After hours service discussed with patient

2. Discussed the patient's BMI with him.

Refill ADD medicine. Continue tests anxiety medication
and you physical
Do lab

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

4/28/2022 9:30 AM BAPTIST HEALTH MEDICAL GROUP PRIMARY CARE 859-624-6366

Instructions from Arthur G Yin, MD

Pick up these medications at MEIJER PHARMACY #258 - RICHMOND, KY - 2013 LANTERN RIDGE DR - 859-575-5064 PH - 859-575-5065 FX

amphetamine-dextroamphetamine

Address: 2013 LANTERN RIDGE DR, RICHMOND KY 40475
Phone: 859-575-5064

Today's Visit

You saw Arthur G Yin, MD on Thursday April 28, 2022. The following issue was addressed: Anxiety.

Blood Pressure	BMI	Weight	Height
120/76	20.22	145 lb	71"

Temperature 97.5 °F

What's Next

You currently have no upcoming appointments scheduled.

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

Your Medication List as of April 28, 2022 11:59 PM

ⓘ Always use your most recent med list.

amphetamine-dextroamphetamine 15 MG tablet Commonly known as: ADDERALL	Take 1 tablet by mouth 2 (Two) Times a Day.
propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

ED Provider Notes

Taylor Andrew Baldwin at 06/22/22 1120

Author: Taylor Andrew Baldwin | Service: Emergency Medicine | Author Type: Physician
Filed: 06/22/22 1120 | Date of Service: 06/22/22 1105 | Creation Time: 06/22/22 1105
Status: Signed | Editor: Taylor Andrew Baldwin (Physician)

TRIAGE CHIEF COMPLAINT:

Nursing and triage notes reviewed

Chief Complaint
Patient presents with
- Finger Injury

HPI: Markcus Kitchens is a 30 y.o. male who presents to the emergency department complaining of pain in his ring finger on the right hand. This occurred several days previously. He states that he is having some pain along the length of the finger but it appears to be deviating to the pinky side a small amount. He is able to bend it but it is painful to do so. He denies any numbness or tingling.

REVIEW OF SYSTEMS: All other systems reviewed and are negative

PAST MEDICAL HISTORY:
No past medical history on file.

FAMILY HISTORY:
No family history on file.

SOCIAL HISTORY:
Social History

Socioeconomic History
- Marital status: Married

Tobacco Use
- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity
- Alcohol use: Never
- Drug use: Never
- Sexual activity: Yes
  Partners: Female

SURGICAL HISTORY:
No past surgical history on file.

CURRENT MEDICATIONS:

Medication List

ASK your doctor about these medications
amphetamine-dextroamphetamine 15 MG tablet
Commonly known as: ADDERALL
Take 1 tablet by mouth 2 (Two) Times a Day.

---

propranolol 20 MG tablet
Commonly known as: INDERAL
Take 1 tablet by mouth 3 (Three) Times a Day.

ALLERGIES: Patient has no known allergies.

PHYSICAL EXAM:
VITAL SIGNS:
Vitals:

	06/22/22 0942
BP:	121/88

EXHIBIT
PX35
exhibitsticker.com

Pulse: 93
Resp: 16
Temp: 98.1 °F (36.7 °C)
SpO2: 98%

CONSTITUTIONAL: Awake, oriented, appears nontoxic
HENT: Atraumatic, normocephalic, oral mucosa pink and moist, airway patent.
EYES: Conjunctivae clear
NECK: Trachea midline
CARDIOVASCULAR: Normal heart rate, Normal rhythm, No murmurs, rubs, gallops
PULMONARY/CHEST: Clear to auscultation, no rhonchi, wheezes, or rales. Symmetrical breath sounds.
ABDOMINAL: Nondistended, soft
NEUROLOGIC: Nonfocal, moving all four extremities
EXTREMITIES: No clubbing, cyanosis. There is a small amount of soft tissue swelling on the right ring finger primarily around the PIP joint. Patient does have range of motion that is mildly limited secondary to edema but isolation of the PIP and DIP joints show full extension and flexion. There is a small amount of ulnar deviation.
SKIN: Warm, Dry, No erythema, No rash

ED COURSE / MEDICAL DECISION MAKING:
Markcus Kitchens is a 30 y.o. male who presents to the emergency department for evaluation of right ring finger pain following a traumatic accident a few days previously. Examination on arrival reveals some mild swelling and restricted range of motion due to discomfort but patient does have extension and flexion with isolation of joints. X-rays were obtained and per radiology interpretation do not reveal any obvious acute osseous abnormalities. I suspect likely a sprain. Will leave patient in the finger splint he came in but will also refer him to orthopedics for further evaluation. Return precautions were discussed.

DECISION TO DISCHARGE/ADMIT: see ED care timeline

FINAL IMPRESSION:
1 --finger sprain
2 --
3 --

Electronically signed by: Taylor Baldwin, MD, 6/22/2022 11:06 EDT

Baldwin, Taylor Andrew, MD
06/22/22 1120

Discharge Instructions

Taylor Andrew Baldwin at 06/22/22 1120

Author: Taylor Andrew Baldwin	Service: —	Author Type: Physician
Filed: 06/22/22 1120	Date of Service: 06/22/22 1120	Creation Time: 06/22/22 1120
Status: Written	Editor: Taylor Andrew Baldwin (Physician)	

Discharge Attachments

Finger Sprain Adult (English)

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

6/22/2022 Baptist Health Richmond Emergency Department 859-625-3290

Instructions

Read the attached information

Finger Sprain Adult (English)

Schedule an appointment with James Warren Rice, MD as soon as possible for a visit in 1 week (around 6/29/2022)

Specialty: Orthopedic Surgery
Contact: 235 BOGGS LANE
SUITE 7
Richmond KY 40475
859-625-9959

What's Next

You currently have no upcoming appointments scheduled.

High Blood Pressure

Your **blood pressure** was **elevated** today
We recommend that you follow up with you primary care provider within 1 month regarding the elevated blood pressure measurement .

COVID-19 ISOLATION GUIDELINES

If you have been tested for COVID-19 you should isolate at home until you receive your test results. All lab results (positive and negative) are reportable to the public health department.

If you test positive, the public health department will contact you. In the meantime, you need to stay home until after

- At least 10 days since symptoms first appeared AND
- At least 24 hours with no fever without fever-reducing medication AND
- Symptoms have improved.
- If you have immune symptom abnormalities, your provider may have you quarantine longer.

Today's Visit

Your treatment team consisted of: Taylor Andrew Baldwin, MD

Reason for Visit

Finger Injury

Diagnosis

Sprain of right ring finger, unspecified site of digit, initial encounter

Imaging Tests

XR Finger 2+ View Right

Blood Pressure 121/88	Weight 145 lb (65.8 kg)
Height 5' 11" (1.803 m)	Temperature (Oral) 98.1 °F
Pulse 93	Respiration 16
Oxygen Saturation 98%	

MyChart

View your After Visit Summary and more online at https://mychart.baptisthealth.com/mychart/.

COVID-19 ISOLATION GUIDELINES (continued)

Contact a doctor if you are getting worse not better. Get help right away if you have trouble breathing or if you become more severely ill.

You are allergic to the following

No active allergies

If you have any questions about your recovery, please call the Baptist Health Nurse Call Center at 1-844-365-2608. A registered nurse is available 24 hours a day 7 days a week to assist you.
If you have any COVID-19 related questions, please call 1-800-444-0328.

Important Follow Up Information

Please recognize the need to follow up with your regular or referring provider for the final report on all imaging and lab work. The tests you had performed today may require further follow up, testing and treatment.

Changes to Your Medication List

CONTINUE taking these medications

amphetamine-dextroamphetamine 15 MG tablet Commonly known as: ADDERALL	Take 1 tablet by mouth 2 (Two) Times a Day.
propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

You might also be taking other medications not listed above. If you have questions about any of your other medications, talk to the person who prescribed them or your Primary Care Provider.

Finger Sprain, Adult

A finger sprain is a tear or stretch in a ligament in a finger. Ligaments are tissues that connect bones to each other.

What are the causes?

Finger sprains happen when something makes the bones in the hand move in an abnormal way. They are often caused by a fall or accident.

What increases the risk?

This condition is more likely to develop in people who:

- Participate in sports in which it is easy to fall, such as skiing.
- Play sports that involve catching an object, such as basketball.
- Have poor strength and flexibility.

What are the signs or symptoms?

Symptoms of this condition include:

- Pain or tenderness in the finger.
- Swelling in the finger.
- Bluish appearance to the finger.
- Bruising.
- Difficulty bending and flexing the finger.

How is this diagnosed?

This condition is diagnosed with an exam of your finger. Your health care provider may do an X-ray to see if any bones are broken or dislocated.

How is this treated?

Treatment for this condition depends on how severe the sprain is. It may involve:

- Preventing the finger from moving for a period of time. Your finger may be wrapped in a bandage (*dressing*), splint, or cast, or your finger may be taped to the fingers beside it (*buddy taping*).
- Keeping the hand raised (*elevated*) above the level of the heart during rest and sleep.

- Medicines for pain.
- Exercises to strengthen the finger. These may be recommended when the finger has healed.
- Surgery to reconnect the ligament to a bone. This may be done if the ligament was torn all the way.

Follow these instructions at home:

If you have a splint:

- **Do not** put pressure on any part of the splint until it is fully hardened. This may take several hours.
- Wear the splint as told by your health care provider. Remove it only as told by your health care provider.
- Loosen the splint if your fingers tingle, become numb, or turn cold and blue.
- Keep the splint clean.
- If the splint is not waterproof:
  - **Do not** let it get wet.
  - Cover it with a watertight covering when you take a bath or a shower.

If you have a cast:

- **Do not** put pressure on any part of the cast until it is fully hardened. This may take several hours.
- **Do not** stick anything inside the cast to scratch your skin. Doing that increases your risk of infection.
- Check the skin around the cast every day. Tell your health care provider about any concerns.
- You may put lotion on dry skin around the edges of the cast. **Do not** put lotion on the skin underneath the cast.
- Keep the cast clean.
- If the cast is not waterproof:
  - **Do not** let it get wet.
  - Cover it with a watertight covering when you take a bath or shower.

Managing pain, stiffness, and swelling

- If directed, put ice on the injured area:
  - If you have a removable splint, remove it as told by your health care provider.
  - Put ice in a plastic bag.
  - Place a towel between your skin and the bag or between your cast and the bag.
  - Leave the ice on for 20 minutes, 2–3 times a day.
- Gently move your fingers often to avoid stiffness and to lessen swelling.
- Elevate the injured area above the level of your heart while you are sitting or lying down.

Medicines

- Take over-the-counter and prescription medicines only as told by your health care provider.
- **Do not** drive or use heavy machinery while taking prescription pain medicine.

General instructions

- Keep any dressings dry until your health care provider says they can be removed.
- Do exercises as told by your health care provider or physical therapist.
- **Do not** wear rings on your injured finger.
- Keep all follow-up visits as told by your health care provider. This is important.

Get help right away if:

- Your pain is not controlled with medicine.
- Your bruising or swelling gets worse.
- Your splint or cast is damaged.
- Your finger is numb or blue.
- Your finger feels colder to the touch than normal.
- You develop a fever.

Summary

- A finger sprain is a tear or stretch in a ligament in a finger. Ligaments are tissues that connect bones to each other.
- Finger sprains happen when something makes the bones in the hand move in an abnormal way. They are often caused by a fall or accident.
- This condition is diagnosed with an exam of your finger. Your health care provider may do an X-ray to see if any bones are broken or dislocated.
- Treatment for this condition depends on how severe the sprain is. Treatment may involve wearing a splint or cast. Surgery to reconnect the ligament to a bone may be needed if the ligament was torn all the way.

This information is not intended to replace advice given to you by your health care provider. Make sure you discuss any questions you have with your health care provider.

Document Revised: 11/30/2018 Document Reviewed: 03/09/2018

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

Stroke Symptoms

- Call **911** or have someone take you to the Emergency Department if you have any of the following:
- Sudden numbness or weakness of your face, arm or leg especially on one side of the body
- Sudden confusion, difficulty speaking or trouble understanding
- Changes in your vision or loss of sight in one eye
- Sudden severe headache with no known cause
- Sudden dizziness, trouble walking, loss of balance or coordination

It is important to seek emergency care right away if you have further stroke symptoms. If you get emergency help quickly, the powerful clot-dissolving medicines can reduce the disabilities caused by a stroke.

For more information:
American Stroke Association
1-888-4-STROKE
www.strokeassociation.org

Smoking Cessation

IF YOU SMOKE OR USE TOBACCO PLEASE READ THE FOLLOWING:

Why is smoking bad for me?

Smoking increases the risk of heart disease, lung disease, vascular disease, stroke, and cancer. If you smoke, **STOP!**

For more information:
Quit Now Kentucky
1-800-QUIT-NOW
https://kentucky.quitlogix.org/en-US/

Suicidal Feelings

If you feel like life is too tough and are thinking of suicide or injuring yourself, get help right away!

- Call 911
- Call a suicide hotline to speak to a counselor. 1-800-273-TALK or 1-800-SUICIDE

Additional Information

CONSENT FOR TREATMENT WITH CONTROLLED SUBSTANCES

If your emergency provider has prescribed controlled substances during this visit then they are listed below:

None

1. Controlled Substances - Controlled substances are prescribed to treat a variety of conditions, including the relief of chronic pain, to provide stimulation, promote weight loss, and treat mood disorders. Pain relief is an important medical reason to take controlled substances. Controlled substances are drugs or chemical substances whose possession and use are regulated under the Controlled Substances Act. The law requires that patients are informed of the risks, benefits, and alternatives of taking controlled substances.

2. Adverse Effects - As with any medication, there are risks and adverse effects associated with the use of controlled substances. Common adverse effects of pain medicines could include, but are not limited to: sedation or sleepiness, nausea, vomiting, constipation, pruritus (itching), confusion, respiratory depression, and urinary retention. Some of these effects may make it unsafe for you to drive a vehicle, operate heavy machinery, or perform other tasks that require concentration and coordination. Excessive use of controlled substances can lead to profound sedation, respiratory depression, coma, and/or death. Regarding stimulants, adverse effects could include, but are not limited to: drug dependency, neuropsychiatric symptoms such as psychosis and mania, weight loss, cardiovascular events such as heart attack and stroke, insomnia, hypertension, and agitation. Any questions you have regarding the controlled substance(s) should be discussed with the prescribing provider.

3. Physical Dependence, Tolerance, and Addiction - Although uncommon when used for their clinical indications, both pain relievers and stimulants can cause physical dependence, tolerance, and/or addiction when used for a prolonged period. Maintenance therapy with these controlled substances can cause physical dependence. This means that if these medications are abruptly stopped or decreased significantly over a short period of time, a patient may experience withdrawal symptoms such as: nervousness, irritability, insomnia, sweating, abdominal cramping, nausea, vomiting, and diarrhea. Tolerance occurs when the effects of these controlled substances are decreased over a period of prolonged use making it necessary to increase the dosage. Physical dependence and tolerance are different than addiction. Addiction is a complex disease characterized by compulsive craving/seeking and use of a substance despite its extreme negative effects on a person. The risk of addiction may be increased in a patient with a history of alcoholism or other addiction.

Additional Information (continued)

4. Alternatives - Controlled substances are routinely prescribed to treat moderate to severe pain or other medical conditions. Other medicines are available to treat these conditions that are not associated with tolerance or addiction, but those medications may be associated with a lower level of pain relief or stimulation. It may also be an alternative to not take any medicine to treat these conditions, or to use alternative modalities other than medicine to treat these conditions.

By signing the discharge paperwork, I voluntarily consent to the receipt of the above-named controlled substance(s) as prescribed by my provider. I have been informed of the benefits, risks, and alternatives to taking these medications. I acknowledge that I have read and understood all of the information above and I have had the opportunity to ask questions and have them answered to my satisfaction.

CONTROLLED SUBSTANCE EDUCATION

Controlled Substances have been prescribed by your provider to treat your medical condition and associated symptoms. Although Controlled Substances can be effective in relieving your pain or other symptoms, they may also cause serious adverse effects. It is important that you understand how to safely and appropriately take these medications.

Proper Use

1. Carefully following instructions for use, including timing of doses, whether to take the medication with or without food, and any foods or other medications to avoid while taking the medication;
2. If you have low or impaired vision you should wear glasses when taking the medication and not take the medication in the dark;
3. You should read the prescription container label each time to confirm the dosage;
4. You should never use the medication after the expiration date;
5. You must never share the medication with others;
6. You must not take the medication with alcohol or other sedatives;
7. You should not take the medication to help you sleep;
8. You should never break, crush or chew the medication;
9. If you have been prescribed a skin patch (transdermal), external heat, fever and exertion can increase the absorption of these products, leading to potentially fatal overdose;
10. You should immediately contact the physician's office to report any adverse reaction; and,
11. It is illegal to share, sell or give away Controlled Substances.

Driving and Work Safety

1. Controlled Substances may cause sleepiness, clouded thinking, decreased concentration, slower reflexes, or incoordination, all of which may create a danger to you and others when driving or operating certain type of machinery;
2. Avoid, if possible, driving or engaging in other potentially dangerous work or other activities, for a specific period of time until the initial effects of the Controlled Substances no longer create such dangers; and,
3. Ingesting other substances, such as alcohol, benzodiazepines or some cold remedies, at the same time you are taking the Controlled Substances prescribed or dispensed may increase cognitive and motor impairment.

Pregnancy

If you are pregnant or nursing a baby, avoid using Controlled Substances, or use them on a minimal basis in strict accordance with your provider's instructions.

Potential for Overdose and Response

1. The use of Controlled Substances creates a risk of respiratory depression, which may result in serious harm or death. You and others should be watchful for the following warning signs of overmedication: Intoxicated behavior, such as confusion, slurred speech, or stumbling; feeling dizzy or faint; acting very drowsy or groggy; unusual snoring, gasping, or snorting during sleep; and/or difficulty waking up from sleep or difficulty in staying awake.

Additional Information (continued)

2. Immediately call "911" or an emergency service upon you or your caregivers observing or experiencing any of the following conditions: you cannot be aroused or waken, or are unable to talk after being awakened; you have shortness of breath, slow or light breathing, or stopped breathing; gurgling noises coming from your mouth or throat; your body is limp, seems lifeless; your face is pale or clammy; your fingernails or lips are turning purple or blue; and/or your heartbeat is slow, unusual or stopped.

Safe Storage of Controlled Substances

1. If your Controlled Substances are not stored in a safe manner there is a potential that partners, family members or others may improperly obtain your Controlled Substances;
2. Always keep the Controlled Substances in the original container;
3. Store Controlled Substances in a locked cabinet or other secure storage unit, that is cool, dry and out of direct sunlight, such as:
    - an existing safe;
    - a cut-proof travel bag;
    - a portable lock box designed for travel;
    - a locking medical box.
4. Do not store Controlled Substances in:
    - an unlocked medicine cabinet;
    - in your car;
    - in a refrigerator or freezer unless specifically recommended by the prescriber or pharmacist; and,
5. Immediately notify your provider if any Controlled Substances prescribed or dispensed by the provider are stolen or improperly taken by another individual.

Proper Disposal

1. It is important to safely and appropriately dispose of unused Controlled Substances that had been prescribed or dispensed by your provider;
2. Promptly dispose of unused Controlled Substances after the expiration date of the prescription or after you no longer require the Controlled Substances to treat your medical condition;
3. In order to safely dispose of Controlled Substances, you should turn in the unused Controlled Substances as part of an approved governmental drug take-back program. The Kentucky Office of Drug Control Policy has a listing of Kentucky Permanent Drug Disposal Locations at http://www.odcp.ky.gov – click on the Kentucky Prescriptions Drug Drop Map and Location on the left side of the page.
4. You should not flush Controlled Substances down the toilet; and,
5. You should personally remove any identifying information, including the prescription number, from an empty Controlled Substance container and then properly dispose of the empty container.

**This information has been adopted from the Kentucky Board of Medical Licensure's Considerations for Patient Education.*

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Progress Notes

Tina Holbrook at 09/05/22 2107

Author: Tina Holbrook | Service: — | Author Type: Nurse Practitioner
Filed: 09/05/22 2107 | Encounter Date: 8/25/2022 | Status: Signed
Editor: Tina Holbrook (Nurse Practitioner)

Subjective

Markcus Kitchens is a 30 y.o. male who presents today for initial evaluation

Chief Complaint: Anxiety and depression

History of Present Illness:
Markcus Kitchens presents to BAPTIST HEALTH MEDICAL GROUP BEHAVIORAL HEALTH RICHMOND for initial evaluation. Reports that he has been struggling with symptoms of anxiety and depression that have gotten progressively worse over the past few months. Admits to feeling down, sad and becomes easily overwhelmed. These symptoms have been constant x 2 months now. He also admits to feeling like a failure and feels as though he has let his family down. Admits that feelings began after failing exam that would allow him to begin his residency program. He recently graduated medical school, taking the board exam in Feb failing with less than 20%. Says that he struggled with this grade as he was always in the top of his class. In May, he took both exams required and scored with percentage that was less than initial test. He took the test for a third time not obtaining a passing score, but score had increased by 30 points. Feels there has been some sort of issue as he was well prepared and even paid for special tutoring. Says that he contacted his previous mentors, some of which are at the bigger facilities such as the Mayo Clinic and Johns Hopkins with all being in disbelief of his scores. Received the "Soar through any storm" award in December 2021. Feels that he has always strived to be the best in everything he does, so this has been a huge let down. Says that he has not even told family yet. He does say that his wife has been very supportive. Sleeping more than usual, reports of sleeping 17.5 hours yesterday. Denies any SI/HI or A/V hallucinations. PHQ-9 total score: 13, GAD-7 total score: 13.
Past Psychiatric History: Diagnosed with ADHD while in undergraduate school in TN. Saw Psychologist about two years ago with Northwestern after dealing with "unresolved family issues."

Previous Psych Meds: Adderall 30 mg daily, Propranolol as needed

Social History: Moved to KY about two years ago from Chattanooga TN with his wife. His wife is an attorney. He completed medical school recently and had applied for residency at Mayo Clinic and Johns Hopkins University, but this has been placed on hold due not passing board exams.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Past Medical History:
History reviewed. No pertinent past medical history.

Social History:
Social History

Socioeconomic History
- Marital status: Married

Tobacco Use
- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity
- Alcohol use: Never
- Drug use: Never
- Sexual activity: Yes
  Partners: Female

Family History:
History reviewed. No pertinent family history.

Past Surgical History:
Past Surgical History:

Procedure	Laterality	Date
• WISDOM TOOTH EXTRACTION	N/A	

EXHIBIT
PX36
exhibitsticker.com

- WISDOM TOOTH EXTRACTION N/A

Problem List:
Patient Active Problem List
Diagnosis
- Anxiety
- Attention deficit disorder

Allergy:
No Known Allergies

Current Medications:
Current Outpatient Medications

Medication	Sig	Dispense	Refill
• amphetamine-dextroamphetamine (ADDERALL) 15 MG tablet	Take 1 tablet by mouth 2 (Two) Times a Day.	60 tablet	0
• propranolol (INDERAL) 20 MG tablet	Take 1 tablet by mouth 3 (Three) Times a Day.	270 tablet	3
• FLUoxetine (PROzac) 10 MG capsule	Take 1 capsule by mouth Daily for 60 days.	30 capsule	1

No current facility-administered medications for this visit.

Review of Symptoms:
Review of Systems
Constitutional: Positive for activity change. Negative for appetite change, fatigue, unexpected weight gain and unexpected weight loss.
Respiratory: Negative for shortness of breath.
Cardiovascular: Negative for chest pain.
Psychiatric/Behavioral: Positive for decreased concentration, sleep disturbance, depressed mood and stress. Negative for suicidal ideas. The patient is not nervous/anxious.

Physical Exam:
Physical Exam
Vitals reviewed.
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance.
Neurological:
Mental Status: He is alert.
Gait: Gait normal.
Vitals:
Blood pressure 128/80, pulse 64, height 180.3 cm (71"), weight 65.8 kg (145 lb).

Mental Status Exam:
Hygiene: good
Cooperation: Cooperative
Eye Contact: Good
Psychomotor Behavior: Appropriate
Affect: Appropriate
Mood: sad, depressed and anxious
Hopelessness: Denies
Speech: Normal
Thought Process: Goal directed and Linear
Thought Content: Mood congruent
Suicidal: None
Homicidal: None
Hallucinations: None
Delusion: None
Memory: Intact
Orientation: Person, Place, Time and Situation
Reliability: good
Insight: Good
Judgement: Good
Impulse Control: Good

Lab Results:
Office Visit on 08/25/2022

Component	Date	Value	Ref Range	Status
• Report Summary	08/25/2022	FINAL		Final

Comment:

TOXASSURE COMP DRUG ANALYSIS,UR

Test	*Result*	*Flag*	*Units*
Drug Absent but Declared for Prescription Verification			
Amphetamine	*Not Detected UNEXPECTED*		*ng/mg creat*
Propranolol	*Not Detected UNEXPECTED*		

Test	*Result*	*Flag*	*Units*	*Ref Range*
Creatinine	*25*		*mg/dL*	*>=20*

Declared Medications:
The flagging and interpretation on this report are based on the following declared medications. Unexpected results may arise from inaccuracies in the declared medications.
***Note: The testing scope of this panel includes these medications:*
Amphetamine (Amphetamine-Dextroamphetamine)
Propranolol

For clinical consultation, please call (866) 593-0157.

EKG Results:
No orders to display

Assessment & Plan

Problems Addressed this Visit

None

Visit Diagnoses

Moderate episode of recurrent major depressive disorder (HCC) - Primary
Relevant Medications
FLUoxetine (PROzac) 10 MG capsule

Medication management
Relevant Orders
Compliance Drug Analysis, Ur - Urine, Clean Catch (Completed)

History of ADHD
Generalized anxiety disorder
Relevant Medications
FLUoxetine (PROzac) 10 MG capsule

Diagnoses

	Codes	Comments
Moderate episode of recurrent major depressive disorder (HCC) - Primary	ICD-10-CM: F33.1 ICD-9-CM: 296.32	
Medication management	ICD-10-CM: Z79.899 ICD-9-CM: V58.69	
History of ADHD	ICD-10-CM: Z86.59 ICD-9-CM: V11.8	
Generalized anxiety disorder	ICD-10-CM: F41.1 ICD-9-CM: 300.02	

Visit Diagnoses:

		ICD-10-CM	ICD-9-CM
1.	**Moderate episode of recurrent major depressive disorder (HCC)**	**F33.1**	**296.32**
2.	Medication management	Z79.899	V58.69
3.	History of ADHD	Z86.59	V11.8
4.	Generalized anxiety disorder	F41.1	300.02

-Reviewed previous available documentation and most recent available labs. KASPER reviewed and is

appropriate. Patient counseled on use of controlled substances.

-Discussed importance of counseling to decrease anxiety like symptoms. Discussed coping mechanisms to decrease stress and anxiety: relaxation techniques, guided imagery, music therapy, staying active, support groups, diversional activities and avoid aggravating factors.
Discussed different coping mechanisms to better control depression.

-The benefits of a healthy diet and exercise were discussed with patient, especially the positive effects they have on mental health. Patient encouraged to consider lifestyle modification regarding diet and exercise patterns to maximize results of mental health treatment.

Encouraged patient to practice good sleep hygiene. Discussed going to bed at the same time and getting up at the same time every day. Consider a quiet activity, such as reading, part of your nighttime routine. Make your bedroom a dark, comfortable place where it is easy to fall asleep. Avoid or limit caffeine consumption. Limit screen use, especially two hours prior to bed (this includes watching TV, using smartphone, tablet or computer).

He is agreeable to make appt with counseling to help in development of strategies to help manage symptoms associated with anxiety and depression. He is also agreeable to medication to help with symptoms.
-Start Fluoxetine 10 mg daily for anxiety and depression
-Continue Adderall 15 mg twice daily for ADHD symptoms as previously prescribed.
-Continue Propranolol 20 mg three times daily for anxiety as previously prescribed.

GOALS:
Short Term Goals: Patient will be compliant with medication, and patient will have no significant medication related side effects. Patient will be engaged in psychotherapy as indicated. Patient will report subjective improvement of symptoms.
Long term goals: To stabilize mood and treat/improve subjective symptoms, the patient will stay out of the hospital, the patient will be at an optimal level of functioning, and the patient will take all medications as prescribed.
The patient/guardian verbalized understanding and agreement with goals that were mutually set.

TREATMENT PLAN: Continue supportive psychotherapy efforts and medications as indicated for patient's diagnosis. Pharmacological and Non-Pharmacological treatment options discussed during today's visit. Patient/Guardian acknowledged and verbally consented with current treatment plan and was educated on the importance of compliance with treatment and follow-up appointments.

MEDICATION ISSUES:
Discussed medication options and treatment plan of prescribed medication as well as the risks, benefits, any black box warnings, and side effects including potential falls, possible impaired driving, and metabolic adversities among others. Patient is agreeable to call the office with any worsening of symptoms or onset of side effects, or if any concerns or questions arise. The contact information for the office is made available to the patient. Patient is agreeable to call 911 or go to the nearest ER should they begin having any SI/HI, or if any urgent concerns arise. No medication side effects or related complaints today.

MEDS ORDERED DURING VISIT:
New Medications Ordered This Visit
Medications
- FLUoxetine (PROzac) 10 MG capsule
  Sig: Take 1 capsule by mouth Daily for 60 days.
  Dispense: 30 capsule
  Refill: 1

FOLLOW UP:
Return in about 4 weeks (around 9/22/2022) for Recheck.

This document has been electronically signed by *Tina Holbrook, APRN*
September 5, 2022 20:11 EDT

Please note that portions of this note were completed with a voice recognition program. Efforts were made to edit dictation, but occasionally words are mistranscribed.

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

8/25/2022 1:30 PM BAPTIST HEALTH MEDICAL GROUP BEHAVIORAL HEALTH RICHMOND 859-544-8171

Instructions from Tina Holbrook, APRN

Today's medication changes

START taking:
FLUoxetine (PROzac)

Accurate as of August 25, 2022 11:59 PM.
Review your updated medication list below.

Pick up these medications at MEIJER PHARMACY #258 - RICHMOND, KY - 2013 LANTERN RIDGE DR - 859-575-5064 PH - 859-575-5065 FX

FLUoxetine

Address: 2013 LANTERN RIDGE DR, RICHMOND KY 40475
Phone: 859-575-5064

Return in about 4 weeks

(around 9/22/2022) for Recheck.

Today's Visit

You saw Tina Holbrook, APRN on Thursday August 25, 2022. The following issue was addressed: Major depressive disorder.

Blood Pressure	BMI	Weight	Height
128/80	20.22	145 lb	71"

Pulse
64

What's Next

APR 24 2023 Medicine Check with Tina Holbrook, APRN
Monday April 24 9:30 AM (Arrive by 9:00 AM)

BAPTIST HEALTH MEDICAL GROUP
BEHAVIORAL HEALTH RICHMOND
789 EASTERN BYPASS
STE 23
RICHMOND KY 40475-2421
859-544-8171

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

Your Medication List as of August 25, 2022 11:59 PM

ⓘ Always use your most recent med list.

	amphetamine-dextroamphetamine 15 MG tablet Commonly known as: ADDERALL	Take 1 tablet by mouth 2 (Two) Times a Day.
START	**FLUoxetine** 10 MG capsule Commonly known as: PROzac Started by: Tina Holbrook, APRN	Take 1 capsule by mouth Daily for 60 days.
	propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

Progress Notes

Tina Holbrook at 02/05/23 2245

Author: Tina Holbrook | Service: — | Author Type: Nurse Practitioner
Filed: 02/05/23 2245 | Encounter Date: 9/22/2022 | Status: Addendum
Editor: Tina Holbrook (Nurse Practitioner)
Related Notes: Original Note by Tina Holbrook (Nurse Practitioner) filed at 09/22/22 0956

Subjective

Markcus Kitchens is a 30 y.o. male who presents today for follow up

Chief Complaint: Anxiety and depression

History of Present Illness:
History of Present Illness
Markcus Kitchens presents today for medication management follow-up. Reports that he has been doing well overall continues to study for upcoming exam that is required to obtain certification in order to start residency. Feels that he continues to be overwhelmed with the pressure of passing these exams. Has been studying full time since last visit, test is scheduled for next week. Feels that overall anxiety and depression is well controlled with medication. Admits that he has always been driven to complete goals, but feels that medication has allowed him to better verbalize and display emotions. Wife is a huge support for him. Has history of ADHD, he does complain of continued symptoms associated with ADHD. Has been on current dose of Adderall for several years. Verbalizes that he does not take medications on the weekends or when he does not have to complete mentally challenging tasks. Has tried several interventions at home such as using headphones that block out noise, especially lighting and soothing sound machines. Has also tried OTC Active Mind supplement that he has found can be beneficial at times. Sleeping well at night, but denies sleeping excessive amounts. Denies any SI/HI or A/V hallucinations.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Past Medical History:
History reviewed. No pertinent past medical history.

Social History:
Social History

Socioeconomic History
- Marital status: Married

Tobacco Use
- Smoking status: Never Smoker
- Smokeless tobacco: Never Used

Substance and Sexual Activity
- Alcohol use: Never
- Drug use: Never
- Sexual activity: Yes
  Partners: Female

Family History:
History reviewed. No pertinent family history.

Past Surgical History:
Past Surgical History:

Procedure	Laterality	Date
• WISDOM TOOTH EXTRACTION	N/A	

Problem List:
Patient Active Problem List
Diagnosis
- Anxiety
- Attention deficit disorder

EXHIBIT
PX37

Allergy:
No Known Allergies

Current Medications:
Current Outpatient Medications

Medication	Sig	Dispense	Refill
• FLUoxetine (PROzac) 10 MG capsule	Take 1 capsule by mouth Daily for 60 days.	30 capsule	1
• propranolol (INDERAL) 20 MG tablet	Take 1 tablet by mouth 3 (Three) Times a Day.	270 tablet	3
• amphetamine-dextroamphetamine (Adderall) 20 MG tablet	Take 1 tablet by mouth 2 (Two) Times a Day for 30 days.	60 tablet	0

No current facility-administered medications for this visit.

Review of Symptoms:
Review of Systems
Constitutional: Positive for activity change. Negative for appetite change, fatigue, unexpected weight gain and unexpected weight loss.
Respiratory: Negative for shortness of breath.
Cardiovascular: Negative for chest pain.
Psychiatric/Behavioral: Positive for decreased concentration, sleep disturbance, depressed mood and stress. Negative for suicidal ideas. The patient is not nervous/anxious.

Physical Exam:
Physical Exam
Vitals reviewed.
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance.
Neurological:
Mental Status: He is alert.
Gait: Gait normal.
Vitals:
Blood pressure 110/72, pulse 54, height 180.3 cm (71"), weight 65.8 kg (145 lb).

Mental Status Exam:
Hygiene: good
Cooperation: Cooperative
Eye Contact: Good
Psychomotor Behavior: Appropriate
Affect: Appropriate
Mood: sad, depressed and anxious
Hopelessness: Denies
Speech: Normal
Thought Process: Goal directed and Linear
Thought Content: Mood congruent
Suicidal: None
Homicidal: None
Hallucinations: None
Delusion: None
Memory: Intact
Orientation: Person, Place, Time and Situation
Reliability: good
Insight: Good
Judgement: Good
Impulse Control: Good

Lab Results:
Office Visit on 08/25/2022

Component	Date	Value	Ref Range	Status
• Report Summary	08/25/2022	FINAL		Final

Comment:
==========
TOXASSURE COMP DRUG ANALYSIS,UR
==========

Test	*Result*	*Flag*	*Units*
Drug Absent but Declared for Prescription Verification			
Amphetamine	*Not Detected UNEXPECTED*		*ng/mg creat*
Propranolol	*Not Detected UNEXPECTED*		

==========

Test	*Result*	*Flag*	*Units*	*Ref Range*

Creatinine 25 mg/dL >=20

==========

Declared Medications:
The flagging and interpretation on this report are based on the following declared medications. Unexpected results may arise from inaccuracies in the declared medications.
***Note: The testing scope of this panel includes these medications:*
Amphetamine (Amphetamine-Dextroamphetamine)
Propranolol

==========

For clinical consultation, please call (866) 593-0157.

==========

EKG Results:
No orders to display

Assessment & Plan

Problems Addressed this Visit

Mental Health
Attention deficit disorder
Relevant Medications
FLUoxetine (PROzac) 10 MG capsule
amphetamine-dextroamphetamine (Adderall) 20 MG tablet

Other Visit Diagnoses
Generalized anxiety disorder - Primary
Relevant Medications
FLUoxetine (PROzac) 10 MG capsule
amphetamine-dextroamphetamine (Adderall) 20 MG tablet

MDD (major depressive disorder), recurrent, in partial remission (HCC)
Relevant Medications
FLUoxetine (PROzac) 10 MG capsule
amphetamine-dextroamphetamine (Adderall) 20 MG tablet

Diagnoses

	Codes	Comments
Generalized anxiety disorder - Primary	ICD-10-CM: F41.1 ICD-9-CM: 300.02	
Attention deficit disorder, unspecified hyperactivity presence	ICD-10-CM: F98.8 ICD-9-CM: 314.00	
MDD (major depressive disorder), recurrent, in partial remission (HCC)	ICD-10-CM: F33.41 ICD-9-CM: 296.35	

Visit Diagnoses:

		ICD-10-CM	ICD-9-CM
1.	**Generalized anxiety disorder**	**F41.1**	**300.02**
2.	Attention deficit disorder, unspecified hyperactivity presence	F98.8	314.00
3.	MDD (major depressive disorder), recurrent, in partial remission (HCC)	F33.41	296.35

-Reviewed previous available documentation and most recent available labs. KASPER reviewed and is appropriate. Patient counseled on use of controlled substances.

-Discussed importance of counseling to decrease anxiety like symptoms. Discussed coping mechanisms to decrease stress and anxiety: relaxation techniques, guided imagery, music therapy, staying active, support groups, diversional activities and avoid aggravating factors.
Discussed different coping mechanisms to better control depression.

-The benefits of a healthy diet and exercise were discussed with patient, especially the positive effects they have on mental health. Patient encouraged to consider lifestyle modification regarding diet and exercise patterns to maximize results of mental health treatment.

Encouraged patient to practice good sleep hygiene. Discussed going to bed at the same time and getting up at the same time every day. Consider a quiet activity, such as reading, part of your nighttime routine. Make your bedroom a dark, comfortable place where it is easy to fall asleep. Avoid or limit caffeine consumption. Limit screen use, especially two hours prior to bed (this includes watching TV, using smartphone, tablet or computer).

We will continue Fluoxetine as previously prescribed as he feels an overall improvement in mood. Discussed ADHD symptoms, will increase Adderall to help better manage symptoms of ADHD (focus, concentration, racing thoughts and distractibility).
-Continue fluoxetine 10 mg daily for anxiety and depression
-Increase Adderall from 15 mg to 20 mg twice daily for ADHD symptoms -Continue Propranolol 20 mg three times daily for anxiety as previously prescribed.

GOALS:
Short Term Goals: Patient will be compliant with medication, and patient will have no significant medication related side effects. Patient will be engaged in psychotherapy as indicated. Patient will report subjective improvement of symptoms.
Long term goals: To stabilize mood and treat/improve subjective symptoms, the patient will stay out of the hospital, the patient will be at an optimal level of functioning, and the patient will take all medications as prescribed.
The patient/guardian verbalized understanding and agreement with goals that were mutually set.

TREATMENT PLAN: Continue supportive psychotherapy efforts and medications as indicated for patient's diagnosis. Pharmacological and Non-Pharmacological treatment options discussed during today's visit. Patient/Guardian acknowledged and verbally consented with current treatment plan and was educated on the importance of compliance with treatment and follow-up appointments.

MEDICATION ISSUES:
Discussed medication options and treatment plan of prescribed medication as well as the risks, benefits, any black box warnings, and side effects including potential falls, possible impaired driving, and metabolic adversities among others. Patient is agreeable to call the office with any worsening of symptoms or onset of side effects, or if any concerns or questions arise. The contact information for the office is made available to the patient. Patient is agreeable to call 911 or go to the nearest ER should they begin having any SI/HI, or if any urgent concerns arise. No medication side effects or related complaints today.

MEDS ORDERED DURING VISIT:
New Medications Ordered This Visit
Medications
- FLUoxetine (PROzac) 10 MG capsule
  Sig: Take 1 capsule by mouth Daily for 60 days.
  Dispense: 30 capsule
  Refill: 1
- amphetamine-dextroamphetamine (Adderall) 20 MG tablet
  Sig: Take 1 tablet by mouth 2 (Two) Times a Day for 30 days.
  Dispense: 60 tablet
  Refill: 0

FOLLOW UP:
Return in about 8 weeks (around 11/17/2022).

Tina Holbrook APRN FNP-C PMHNP-BC

This document has been electronically signed by *Tina Holbrook, APRN*
September 22, 2022 09:55 EDT

Please note that portions of this note were completed with a voice recognition program. Efforts were made to edit dictation, but occasionally words are mistranscribed.

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

9/22/2022 8:30 AM BAPTIST HEALTH MEDICAL GROUP BEHAVIORAL HEALTH RICHMOND 859-544-8171

Instructions from Tina Holbrook, APRN

Today's medication changes

START taking:
amphetamine-dextroamphetamine (Adderall)
This replaces a similar medication. See the full medication list for instructions.

STOP taking:
amphetamine-dextroamphetamine 15 MG tablet (ADDERALL)
Replaced by a similar medication.

Accurate as of September 22, 2022 11:59 PM.
Review your updated medication list below.

Pick up these medications at MEIJER PHARMACY #258 - RICHMOND, KY - 2013 LANTERN RIDGE DR - 859-575-5064 PH - 859-575-5065 FX

amphetamine-dextroamphetamine • FLUoxetine

Address: 2013 LANTERN RIDGE DR, RICHMOND KY 40475
Phone: 859-575-5064

Return in about 8 weeks

(around 11/17/2022).

Today's Visit

You saw Tina Holbrook, APRN on Thursday September 22, 2022. The following issue was addressed: Generalized anxiety disorder.

Blood Pressure 110/72	BMI 20.22
Weight 145 lb	Height 71"
Pulse 54	

What's Next

APR 24 2023 — Medicine Check with Tina Holbrook, APRN
Monday April 24 9:30 AM (Arrive by 9:00 AM)

BAPTIST HEALTH MEDICAL GROUP BEHAVIORAL HEALTH RICHMOND
789 EASTERN BYPASS STE 23
RICHMOND KY 40475-2421
859-544-8171

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

Your Medication List as of September 22, 2022 11:59 PM

ⓘ Always use your most recent med list.

START	**amphetamine-dextroamphetamine** 20 MG tablet Commonly known as: Adderall Started by: Tina Holbrook, APRN	Take 1 tablet by mouth 2 (Two) Times a Day for 30 days. Replaces: **amphetamine-dextroamphetamine 15 MG tablet**
	FLUoxetine 10 MG capsule Commonly known as: PROzac	Take 1 capsule by mouth Daily for 60 days.
	propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

10/4/2022 8:00 AM BAPTIST HEALTH MEDICAL GROUP BEHAVIORAL HEALTH RICHMOND 859-544-8171

Today's Visit

You saw Ashley A, LPCC on Tuesday October 4, 2022.

What's Next

APR 24 2023 Medicine Check with Tina Holbrook, APRN
Monday April 24 9:30 AM (Arrive by 9:00 AM)

BAPTIST HEALTH MEDICAL GROUP
BEHAVIORAL HEALTH RICHMOND
789 EASTERN BYPASS
STE 23
RICHMOND KY 40475-2421
859-544-8171

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

EXHIBIT
PX38
exhibitsticker.com

Your Medication List as of October 4, 2022 11:59 PM

ⓘ Always use your most recent med list.

amphetamine-dextroamphetamine 20 MG tablet Commonly known as: Adderall	Take 1 tablet by mouth 2 (Two) Times a Day for 30 days.
FLUoxetine 10 MG capsule Commonly known as: PROzac	Take 1 capsule by mouth Daily for 60 days.
propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

Progress Notes

Tina Holbrook at 11/14/22 0910

Author: Tina Holbrook | Service: — | Author Type: Nurse Practitioner
Filed: 11/14/22 0910 | Encounter Date: 11/14/2022 | Status: Signed
Editor: Tina Holbrook (Nurse Practitioner)

This provider is located at The Baptist Health Medical Group, Behavioral Health ,Suite 23, 789 Eastern Bypass in Richmond, Kentucky 40475, using a secure MyChart Video Visit through *EPIC.* Patient is being seen remotely via telehealth at their home address in Kentucky 40475, and stated they are in a secure environment for this session. The patient's condition being diagnosed/treated is appropriate for telemedicine. The provider identified herself as well as her credentials. The patient, and/or patients guardian, consent to be seen remotely, and when consent is given they understand that the consent allows for patient identifiable information to be sent to a third party as needed. They may refuse to be seen remotely at any time. The electronic data is encrypted and password protected, and the patient and/or guardian has been advised of the potential risks to privacy not withstanding such measures.

You have chosen to receive care through a telehealth visit. Do you consent to use a video/audio connection for your medical care today? Yes

Subjective

Markcus Kitchens is a 30 y.o. male who presents today for follow up

Chief Complaint: Anxiety, depression and ADHD

History of Present Illness:
History of Present Illness
Markcus Kitchens presents today via MyChart video visit for medication management follow-up. Reports that he has been doing well overall with managing symptoms associated with both anxiety and depression. Admits that he has not been as consistent with taking fluoxetine as he had in the past. Feels that much of his symptoms are due to situational stressors. Reports Adderall has done well controlling ADHD symptoms. Says that he has days that he does not take medication if he does not have any scheduled tasks that require sustained mental effort. Sleeping about 7 hours each night. He does report taking OTC melatonin to help with sleep. Appetite is good. Denies any SI/HI or A/V hallucinations.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Past Medical History:
History reviewed. No pertinent past medical history.

Social History:
Social History

Socioeconomic History
- Marital status: Married

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity
- Alcohol use: Never
- Drug use: Never
- Sexual activity: Yes
  Partners: Female

Family History:
History reviewed. No pertinent family history.

Past Surgical History:
Past Surgical History:

Procedure	Laterality	Date
• WISDOM TOOTH EXTRACTION	N/A	

EXHIBIT
PX39
exhibitsticker.com

Problem List:
Patient Active Problem List
Diagnosis
- Anxiety
- Attention deficit disorder

Allergy:
No Known Allergies

Current Medications:
Current Outpatient Medications

Medication	Sig	Dispense	Refill
• amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet	TAKE 1 TABLET BY MOUTH TWO TIMES A DAY FOR 30 DAYS	60 tablet	0
• FLUoxetine (PROzac) 10 MG capsule	Take 1 capsule by mouth Daily for 60 days.	30 capsule	1
• propranolol (INDERAL) 20 MG tablet	Take 1 tablet by mouth 3 (Three) Times a Day.	270 tablet	3

No current facility-administered medications for this visit.

Review of Symptoms:
Review of Systems
Constitutional: Negative for activity change, appetite change, fatigue, unexpected weight gain and unexpected weight loss.
Respiratory: Negative for shortness of breath.
Cardiovascular: Negative for chest pain.
Psychiatric/Behavioral: Positive for decreased concentration and depressed mood. Negative for sleep disturbance. The patient is nervous/anxious.

Physical Exam:
Physical Exam
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance.
Neurological:
Mental Status: He is alert.
Vitals:
There were no vitals taken for this visit. There is no height or weight on file to calculate BMI.
Due to extenuating circumstances and possible current health risks associated with the patient being present in a clinical setting (with current health restrictions in place in regards to possible COVID 19 transmission/exposure), the patient was seen remotely today via a MyChart Video Visit through EPIC. Unable to obtain vital signs due to nature of remote visit.

Mental Status Exam:
Hygiene: appears good
Cooperation: Cooperative
Eye Contact: UTA
Psychomotor Behavior: Appropriate
Affect: Appropriate
Mood: normal
Hopelessness: Denies
Speech: Normal
Thought Process: Goal directed and Linear
Thought Content: Mood congruent
Suicidal: None
Homicidal: None
Hallucinations: None
Delusion: None
Memory: Intact
Orientation: Person, Place, Time and Situation
Reliability: good
Insight: Fair
Judgement: Good
Impulse Control: Good

Lab Results:
Office Visit on 08/25/2022

Component	Date	Value	Ref Range	Status
• Report Summary	08/25/2022	FINAL		Final

Comment:

TOXASSURE COMP DRUG ANALYSIS,UR

Test	*Result*	*Flag*	*Units*
Drug Absent but Declared for Prescription Verification			
Amphetamine	*Not Detected*	*UNEXPECTED*	*ng/mg creat*
Propranolol	*Not Detected*	*UNEXPECTED*	

Test	*Result*	*Flag*	*Units*	*Ref Range*
Creatinine	*25*		*mg/dL*	*>=20*

Declared Medications:
The flagging and interpretation on this report are based on the following declared medications. Unexpected results may arise from inaccuracies in the declared medications.
***Note: The testing scope of this panel includes these medications:*
Amphetamine (Amphetamine-Dextroamphetamine)
Propranolol

For clinical consultation, please call (866) 593-0157.

EKG Results:
No orders to display

Assessment & Plan

Problems Addressed this Visit

Mental Health
Attention deficit disorder - Primary

Other Visit Diagnoses
Generalized anxiety disorder
Moderate episode of recurrent major depressive disorder (HCC)

Diagnoses

	Codes	Comments
Attention deficit disorder, unspecified hyperactivity presence - Primary	ICD-10-CM: F98.8 ICD-9-CM: 314.00	
Generalized anxiety disorder	ICD-10-CM: F41.1 ICD-9-CM: 300.02	
Moderate episode of recurrent major depressive disorder (HCC)	ICD-10-CM: F33.1 ICD-9-CM: 296.32	

Visit Diagnoses:

		ICD-10-CM	ICD-9-CM
1.	**Attention deficit disorder, unspecified hyperactivity presence**	**F98.8**	**314.00**
2.	Generalized anxiety disorder	F41.1	300.02
3.	Moderate episode of recurrent major depressive disorder (HCC)	F33.1	296.32

-Reviewed previous available documentation and most recent available labs. KASPER reviewed and is appropriate. UDS on file from 8/25/22 is appropriate. Signed controlled substance agreement on file. Patient counseled on use of controlled substances.

-Discussed importance of counseling to decrease anxiety like symptoms. Discussed coping mechanisms to decrease stress and anxiety: relaxation techniques, guided imagery, music therapy, staying active, support groups, diversional activities and avoid aggravating factors.
Discussed different coping mechanisms to better control depression.

-The benefits of a healthy diet and exercise were discussed with patient, especially the positive effects they have on mental health. Patient encouraged to consider lifestyle modification regarding diet and exercise patterns to maximize results of mental health treatment.

Encouraged patient to practice good sleep hygiene. Discussed going to bed at the same time and getting

up at the same time every day. Consider a quiet activity, such as reading, part of your nighttime routine. Make your bedroom a dark, comfortable place where it is easy to fall asleep. Avoid or limit caffeine consumption. Limit screen use, especially two hours prior to bed (this includes watching TV, using smartphone, tablet or computer).

Discussed plan of care and medication regimen. We will continue Adderall as previously prescribed as he reports adequate control of symptoms associated with ADHD. Denies any adverse effects of medication. Admits that he has not been consistent with taking fluoxetine. Feels that he has been able to manage symptoms associated with anxiety and depression using learned coping skills. He does report feeling more emotional on occasion and with season change, maybe he should be more consistent with taking medication. Also says that his situation involving the medical board has sometimes caused exacerbation in symptoms. Denies any adverse effects of medication.
-Continue fluoxetine 10 mg daily for anxiety and depression
-Continue Adderall 20 mg twice daily for ADHD symptoms (no refill needed at this time)
-Continue Propranolol 20 mg three times daily for anxiety as previously prescribed.

GOALS:
Short Term Goals: Patient will be compliant with medication, and patient will have no significant medication related side effects. Patient will be engaged in psychotherapy as indicated. Patient will report subjective improvement of symptoms.
Long term goals: To stabilize mood and treat/improve subjective symptoms, the patient will stay out of the hospital, the patient will be at an optimal level of functioning, and the patient will take all medications as prescribed.
The patient/guardian verbalized understanding and agreement with goals that were mutually set.

TREATMENT PLAN: Continue supportive psychotherapy efforts and medications as indicated for patient's diagnosis. Pharmacological and Non-Pharmacological treatment options discussed during today's visit. Patient/Guardian acknowledged and verbally consented with current treatment plan and was educated on the importance of compliance with treatment and follow-up appointments.

MEDICATION ISSUES:
Discussed medication options and treatment plan of prescribed medication as well as the risks, benefits, any black box warnings, and side effects including potential falls, possible impaired driving, and metabolic adversities among others. Patient is agreeable to call the office with any worsening of symptoms or onset of side effects, or if any concerns or questions arise. The contact information for the office is made available to the patient. Patient is agreeable to call 911 or go to the nearest ER should they begin having any SI/HI, or if any urgent concerns arise. No medication side effects or related complaints today.

MEDS ORDERED DURING VISIT:
No orders of the defined types were placed in this encounter.

FOLLOW UP:
Return in about 8 weeks (around 1/9/2023) for Recheck.

I spent 30 minutes caring for Markcus on this date of service. This time includes time spent by me in the following activities: preparing for the visit, obtaining and/or reviewing a separately obtained history, performing a medically appropriate examination and/or evaluation, counseling and educating the patient/family/caregiver, ordering medications, tests, or procedures and documenting information in the medical record.

This document has been electronically signed by *Tina Holbrook, APRN*
November 14, 2022 09:07 EST

Please note that portions of this note were completed with a voice recognition program. Efforts were made to edit dictation, but occasionally words are mistranscribed.

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

11/14/2022 8:30 AM BAPTIST HEALTH MEDICAL GROUP BEHAVIORAL HEALTH RICHMOND 859-544-8171

Instructions from Tina Holbrook, APRN

Return in about 8 weeks
(around 1/9/2023) for Recheck.

Today's Visit

You saw Tina Holbrook, APRN on Monday November 14, 2022. The following issue was addressed: Attention deficit disorder, unspecified hyperactivity presence.

What's Next

APR 24 2023 Medicine Check with Tina Holbrook, APRN
Monday April 24 9:30 AM (Arrive by 9:00 AM)

BAPTIST HEALTH MEDICAL GROUP
BEHAVIORAL HEALTH RICHMOND
789 EASTERN BYPASS
STE 23
RICHMOND KY 40475-2421
859-544-8171

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

Your Medication List as of November 14, 2022 11:59 PM

ⓘ Always use your most recent med list.

amphetamine-dextroamphetamine 20 MG tablet Commonly known as: ADDERALL	TAKE 1 TABLET BY MOUTH TWO TIMES A DAY FOR 30 DAYS
FLUoxetine 10 MG capsule Commonly known as: PROzac	Take 1 capsule by mouth Daily for 60 days.
propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

11/16/2022 BAPTIST HEALTH MEDICAL GROUP PRIMARY CARE 859-624-6366

Today's Visit

You spoke with Arthur G Yin, MD on Wednesday November 16, 2022 for: ORTHOPEDIC SPECIALIST.

What's Next

You currently have no upcoming appointments scheduled.

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

EXHIBIT

PX40

exhibitsticker.com

Your Medication List as of November 16, 2022 11:59 PM

ⓘ Always use your most recent med list.

amphetamine-dextroamphetamine 20 MG tablet Commonly known as: ADDERALL	TAKE 1 TABLET BY MOUTH TWO TIMES A DAY FOR 30 DAYS
FLUoxetine 10 MG capsule Commonly known as: PROzac	Take 1 capsule by mouth Daily for 60 days.
propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

Progress Notes

Ashish M Patel at 11/19/22 1410

Author: Ashish M Patel | Service: — | Author Type: Physician
Filed: 11/19/22 1410 | Encounter Date: 11/19/2022 | Status: Signed
Editor: Ashish M Patel (Physician)

Subjective
Markcus Kitchens is a 30 y.o. male

HPI coming in with complaints of pain and swelling in his right hand middle finger. Symptoms appeared started about 6 months ago after a traumatic injury. He was evaluated in the emergency room where an x-ray did not show evidence of fracture. He placed a PNO and this is affecting his pain. He has used NSAIDs without much relief

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history, and problem list.

Review of Systems
Constitutional: Negative. Negative for activity change, appetite change, fatigue and fever.
HENT: Negative for congestion, ear discharge, ear pain and trouble swallowing.
Eyes: Negative for photophobia and visual disturbance.
Respiratory: Negative for cough and shortness of breath.
Cardiovascular: Negative for chest pain and palpitations.
Gastrointestinal: Negative for abdominal distention, abdominal pain, constipation, diarrhea, nausea and vomiting.
Endocrine: Negative.
Genitourinary: Negative for dysuria, hematuria and urgency.
Musculoskeletal: Positive for arthralgias. Negative for back pain, joint swelling and myalgias.
Skin: Negative for color change and rash.
Allergic/Immunologic: Negative.
Neurological: Negative for dizziness, weakness, light-headedness and headaches.
Hematological: Negative for adenopathy. Does not bruise/bleed easily.
Psychiatric/Behavioral: Negative for agitation, confusion and dysphoric mood. The patient is not nervous/anxious.

Visit Vitals

BP	110/68
Pulse	81
Temp	97.8 °F (36.6 °C) (Infrared)
Ht	180.3 cm (71")
Wt	65.8 kg (145 lb)
SpO2	100%
BMI	20.22 kg/m²

Objective
Physical Exam
Constitutional:
General: He is not in acute distress.
Appearance: He is well-developed.
HENT:
Nose: Nose normal.
Eyes:
General: No scleral icterus.
Conjunctiva/sclera: Conjunctivae normal.
Neck:
Thyroid: No thyromegaly.
Trachea: No tracheal deviation.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: No murmur heard.
No friction rub.
Pulmonary:
Effort: No respiratory distress.
Breath sounds: No wheezing or rales.
Abdominal:

EXHIBIT
PX41
exhibitsticker.com

General: There is no distension.
Palpations: Abdomen is soft. There is no mass.
Tenderness: There is no abdominal tenderness. There is no guarding.

Musculoskeletal:
General: Tenderness and deformity present. Normal range of motion.

Lymphadenopathy:
Cervical: No cervical adenopathy.

Skin:
General: Skin is warm and dry.
Findings: No erythema or rash.

Neurological:
Mental Status: He is alert and oriented to person, place, and time.
Cranial Nerves: No cranial nerve deficit.
Coordination: Coordination normal.
Deep Tendon Reflexes: Reflexes are normal and symmetric.

Psychiatric:
Behavior: Behavior normal.
Thought Content: Thought content normal.
Judgment: Judgment normal.

Diagnoses and all orders for this visit:

Pain of right hand with DJD deformity noted. X-ray reviewed and discussed with patient. Referral to orthopedics in the meantime he can continue splinting as needed

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

11/19/2022 9:45 AM BAPTIST HEALTH MEDICAL GROUP PRIMARY CARE 859-624-6366

Today's Visit

You saw Ashish M Patel, MD on Saturday November 19, 2022. The following issue was addressed: Right hand pain.

Blood Pressure 110/68	BMI 20.22	Weight 145 lb	Height 71"
Temperature (Infrared) 97.8 °F	Pulse 81	Oxygen Saturation 100%	

What's Next

You currently have no upcoming appointments scheduled.

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information

Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

Your Medication List as of November 19, 2022 11:59 PM

ⓘ Always use your most recent med list.

amphetamine-dextroamphetamine 20 MG tablet Commonly known as: ADDERALL	TAKE 1 TABLET BY MOUTH TWO TIMES A DAY FOR 30 DAYS
FLUoxetine 10 MG capsule Commonly known as: PROzac	Take 1 capsule by mouth Daily for 60 days.
propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

Progress Notes

Tina Holbrook at 01/10/23 1034

Author: Tina Holbrook | Service: — | Author Type: Nurse Practitioner
Filed: 01/10/23 1034 | Encounter Date: 1/10/2023 | Status: Signed
Editor: Tina Holbrook (Nurse Practitioner)

This provider is located at The Baptist Health Medical Group, Behavioral Health ,Suite 23, 789 Eastern Bypass in Richmond, Kentucky 40475, using a secure MyChart Video Visit through *EPIC.* Patient is being seen remotely via telehealth at their home address in Kentucky 40475, and stated they are in a secure environment for this session. The patient's condition being diagnosed/treated is appropriate for telemedicine. The provider identified herself as well as her credentials. The patient, and/or patients guardian, consent to be seen remotely, and when consent is given they understand that the consent allows for patient identifiable information to be sent to a third party as needed. They may refuse to be seen remotely at any time. The electronic data is encrypted and password protected, and the patient and/or guardian has been advised of the potential risks to privacy not withstanding such measures.

You have chosen to receive care through a telehealth visit. Do you consent to use a video/audio connection for your medical care today? Yes

Subjective

Markcus Kitchens is a 30 y.o. male who presents today for follow up

Chief Complaint: Anxiety, depression and ADHD

History of Present Illness:
History of Present Illness
Markcus Kitchens presents today via MyChart video visit for medication management follow-up. Reports that he is doing well overall, says that he is currently getting over a sinus infection. Verbalizes that he recently went on a 5-day cruise with his family and feels that this was a good experience and stress relief for him. He continues to be in the lawsuit with the medical testing board. Has missed residency deadlines so component has been postponed. Says that he has been more accepting and positive about current situation. Has been interviewing for different positions that require MD without the clinical component. Says that he and his wife have considered transitioning to Atlanta, where his uncle owns a law firm and his wife could work at this firm. Reports that he stopped taking Prozac about 2 weeks after last visit (November) and feels that he has been managing overall symptoms of depression and anxiety well on his own. Feels that overall ADHD symptoms are controlled with current regimen. Says that he does not take Adderall every day as he does not feel he needs to take medication when sustained mental effort is not required. Sleeping about an average of 7 hours per night. Reports appetite is good. Denies any adverse effects of current medication regimen. Denies any SI/HI or A/V hallucinations.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Past Medical History:
History reviewed. No pertinent past medical history.

Social History:
Social History

Socioeconomic History
- Marital status: Married

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Substance and Sexual Activity
- Alcohol use: Never
- Drug use: Never
- Sexual activity: Yes
  Partners: Female

Family History:
History reviewed. No pertinent family history.

EXHIBIT
PX42
exhibitsticker.com

Past Surgical History:
Past Surgical History:

Procedure	Laterality	Date
• WISDOM TOOTH EXTRACTION	N/A	

Problem List:
Patient Active Problem List
Diagnosis
- Anxiety
- Attention deficit disorder

Allergy:
No Known Allergies

Current Medications:
Current Outpatient Medications

Medication	Sig	Dispense	Refill
• amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet	Take 1 tablet by mouth 2 (Two) Times a Day.	60 tablet	0
• propranolol (INDERAL) 20 MG tablet	Take 1 tablet by mouth 3 (Three) Times a Day.	270 tablet	3

No current facility-administered medications for this visit.

Review of Symptoms:
Review of Systems
Constitutional: Negative for activity change, appetite change, fatigue, unexpected weight gain and unexpected weight loss.
Respiratory: Negative for shortness of breath.
Cardiovascular: Negative for chest pain.
Psychiatric/Behavioral: Positive for decreased concentration and depressed mood. Negative for sleep disturbance. The patient is nervous/anxious.

Physical Exam:
Physical Exam
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance.
Neurological:
Mental Status: He is alert.
Vitals:
There were no vitals taken for this visit. There is no height or weight on file to calculate BMI.
Due to extenuating circumstances and possible current health risks associated with the patient being present in a clinical setting (with current health restrictions in place in regards to possible COVID 19 transmission/exposure), the patient was seen remotely today via a MyChart Video Visit through EPIC. Unable to obtain vital signs due to nature of remote visit.

Mental Status Exam:
Hygiene: appears good
Cooperation: Cooperative
Eye Contact: UTA
Psychomotor Behavior: Appropriate
Affect: Appropriate
Mood: normal
Hopelessness: Denies
Speech: Normal
Thought Process: Goal directed and Linear
Thought Content: Mood congruent
Suicidal: None
Homicidal: None
Hallucinations: None
Delusion: None
Memory: Intact
Orientation: Person, Place, Time and Situation
Reliability: good
Insight: Fair
Judgement: Good
Impulse Control: Good

Lab Results:
Office Visit on 08/25/2022

Component	Date	Value	Ref Range	Status
• Report Summary	08/25/2022	FINAL		Final

Comment:

```
==========================================================================
TOXASSURE COMP DRUG ANALYSIS,UR
==========================================================================
Test                  Result      Flag      Units
Drug Absent but Declared for Prescription Verification
  Amphetamine                 Not Detected UNEXPECTED ng/mg creat
  Propranolol                 Not Detected UNEXPECTED
==========================================================================
Test                Result    Flag   Units      Ref Range
  Creatinine          25              mg/dL      >=20
==========================================================================
Declared Medications:
 The flagging and interpretation on this report are based on the
 following declared medications.  Unexpected results may arise from
 inaccuracies in the declared medications.
 **Note: The testing scope of this panel includes these medications:
 Amphetamine (Amphetamine-Dextroamphetamin
              e)
 Propranolol
==========================================================================
For clinical consultation, please call (866) 593-0157.
==========================================================================
```

EKG Results:
No orders to display

Assessment & Plan

Problems Addressed this Visit

Mental Health
Attention deficit disorder
Relevant Medications
amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet

Diagnoses

	Codes	Comments
Attention deficit disorder, unspecified hyperactivity presence	ICD-10-CM: F98.8 ICD-9-CM: 314.00	

Visit Diagnoses:

		ICD-10-CM	ICD-9-CM
1.	Attention deficit disorder, unspecified hyperactivity presence	F98.8	314.00

-Reviewed previous available documentation and most recent available labs. KASPER reviewed and is appropriate. UDS on file from 8/25/22 is appropriate. Signed controlled substance agreement on file. Patient counseled on use of controlled substances.

-Discussed importance of counseling to decrease anxiety like symptoms. Discussed coping mechanisms to decrease stress and anxiety: relaxation techniques, guided imagery, music therapy, staying active, support groups, diversional activities and avoid aggravating factors.
Discussed different coping mechanisms to better control depression.

-The benefits of a healthy diet and exercise were discussed with patient, especially the positive effects they have on mental health. Patient encouraged to consider lifestyle modification regarding diet and exercise patterns to maximize results of mental health treatment.

Encouraged patient to practice good sleep hygiene. Discussed going to bed at the same time and getting up at the same time every day. Consider a quiet activity, such as reading, part of your nighttime routine. Make your bedroom a dark, comfortable place where it is easy to fall asleep. Avoid or limit caffeine consumption. Limit screen use, especially two hours prior to bed (this includes watching TV, using smartphone, tablet or computer).

Discussed medication regimen and plan of care. He is agreeable to continue with Adderall at current dose

as he feels medication is beneficial in controlling ADHD symptoms. Has stopped taking Prozac as he feels that he is able to use coping skills/techniques to manage symptoms associated with anxiety and depression. Says that the symptoms have been more situational and now that he has come to terms with current situation he is better able to manage the symptoms. Continues to take propranolol that has been helpful with anxiety as well. Denies any adverse effects of current medication regimen. Denies any SI/HI.

-Refill Adderall 20 mg twice daily for ADHD symptoms
-Continue Propranolol 20 mg three times daily for anxiety as previously prescribed.

GOALS:
Short Term Goals: Patient will be compliant with medication, and patient will have no significant medication related side effects. Patient will be engaged in psychotherapy as indicated. Patient will report subjective improvement of symptoms.
Long term goals: To stabilize mood and treat/improve subjective symptoms, the patient will stay out of the hospital, the patient will be at an optimal level of functioning, and the patient will take all medications as prescribed.
The patient/guardian verbalized understanding and agreement with goals that were mutually set.

TREATMENT PLAN: Continue supportive psychotherapy efforts and medications as indicated for patient's diagnosis. Pharmacological and Non-Pharmacological treatment options discussed during today's visit. Patient/Guardian acknowledged and verbally consented with current treatment plan and was educated on the importance of compliance with treatment and follow-up appointments.

MEDICATION ISSUES:
Discussed medication options and treatment plan of prescribed medication as well as the risks, benefits, any black box warnings, and side effects including potential falls, possible impaired driving, and metabolic adversities among others. Patient is agreeable to call the office with any worsening of symptoms or onset of side effects, or if any concerns or questions arise. The contact information for the office is made available to the patient. Patient is agreeable to call 911 or go to the nearest ER should they begin having any SI/HI, or if any urgent concerns arise. No medication side effects or related complaints today.

MEDS ORDERED DURING VISIT:
New Medications Ordered This Visit
Medications
- amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet
  Sig: Take 1 tablet by mouth 2 (Two) Times a Day.
  Dispense: 60 tablet
  Refill: 0

FOLLOW UP:
Return in about 3 months (around 4/10/2023) for Recheck, Video visit.

I spent 30 minutes caring for Markcus on this date of service. This time includes time spent by me in the following activities: preparing for the visit, obtaining and/or reviewing a separately obtained history, performing a medically appropriate examination and/or evaluation, counseling and educating the patient/family/caregiver, ordering medications, tests, or procedures and documenting information in the medical record.

This document has been electronically signed by *Tina Holbrook, APRN*
January 10, 2023 10:34 EST

Please note that portions of this note were completed with a voice recognition program. Efforts were made to edit dictation, but occasionally words are mistranscribed.

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

1/10/2023 10:00 AM BAPTIST HEALTH MEDICAL GROUP BEHAVIORAL HEALTH RICHMOND 859-544-8171

Instructions from Tina Holbrook, APRN

Today's medication changes

CHANGE how you take:
amphetamine-dextroamphetamine (ADDERALL)

STOP taking:
FLUoxetine 10 MG capsule (PROzac)

Accurate as of January 10, 2023 11:59 PM.
Review your updated medication list below.

Pick up these medications at MEIJER PHARMACY #258 - RICHMOND, KY - 2013 LANTERN RIDGE DR - 859-575-5064 PH - 859-575-5065 FX

amphetamine-dextroamphetamine

Address: 2013 LANTERN RIDGE DR, RICHMOND KY 40475
Phone: 859-575-5064

Return in about 3 months

(around 4/10/2023) for Recheck, Video visit.

Today's Visit

You saw Tina Holbrook, APRN on Tuesday January 10, 2023.

What's Next

APR 24 2023 Medicine Check with Tina Holbrook, APRN
Monday April 24 9:30 AM (Arrive by 9:00 AM)

BAPTIST HEALTH MEDICAL GROUP
BEHAVIORAL HEALTH RICHMOND
789 EASTERN BYPASS
STE 23
RICHMOND KY 40475-2421
859-544-8171

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

Your Medication List as of January 10, 2023 11:59 PM

ⓘ Always use your most recent med list.

CHANGE	**amphetamine-dextroamphetamine** 20 MG tablet Commonly known as: ADDERALL Changed by: Tina Holbrook, APRN	Take 1 tablet by mouth 2 (Two) Times a Day. What changed: **See the new instructions.**
	propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

2/3/2023 BAPTIST HEALTH MEDICAL GROUP BEHAVIORAL HEALTH RICHMOND 859-544-8171

Today's Visit

You spoke with Tina Holbrook, APRN on Friday February 3, 2023 for: Advice Only.

What's Next

APR 24 2023 Medicine Check with Tina Holbrook, APRN
Monday April 24 9:30 AM (Arrive by 9:00 AM)

BAPTIST HEALTH MEDICAL GROUP
BEHAVIORAL HEALTH RICHMOND
789 EASTERN BYPASS
STE 23
RICHMOND KY 40475-2421
859-544-8171

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

EXHIBIT
PX43
exhibitsticker.com

Your Medication List as of February 3, 2023 11:59 PM

ⓘ Always use your most recent med list.

amphetamine-dextroamphetamine 20 MG tablet Commonly known as: ADDERALL	Take 1 tablet by mouth 2 (Two) Times a Day.
propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

2/3/2023 BAPTIST HEALTH MEDICAL GROUP BEHAVIORAL HEALTH RICHMOND 859-544-8171

Today's Visit

You spoke with Tina Holbrook, APRN on Friday February 3, 2023 for: Advice Only.

What's Next

APR 24 2023 Medicine Check with Tina Holbrook, APRN
Monday April 24 9:30 AM (Arrive by 9:00 AM)

BAPTIST HEALTH MEDICAL GROUP
BEHAVIORAL HEALTH RICHMOND
789 EASTERN BYPASS
STE 23
RICHMOND KY 40475-2421
859-544-8171

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

Your Medication List as of February 3, 2023 11:59 PM

ⓘ Always use your most recent med list.

amphetamine-dextroamphetamine 20 MG tablet Commonly known as: ADDERALL	Take 1 tablet by mouth 2 (Two) Times a Day.
propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

Telephone Encounter

Raquel F at 02/07/23 0902

Author: Raquel F | Service: — | Author Type: Medical Assistant
Filed: 02/07/23 0902 | Encounter Date: 2/6/2023 | Status: Signed
Editor: Raquel F (Medical Assistant)

Patient called in states he had a missed call from this office. Lisa had called him to give next appointment that was scheduled 04/11/23 arrival 09:45am.

Tina Holbrook at 02/06/23 1737

Author: Tina Holbrook | Service: — | Author Type: Nurse Practitioner
Filed: 02/06/23 1737 | Encounter Date: 2/6/2023 | Status: Signed
Editor: Tina Holbrook (Nurse Practitioner)

Thanks

Raquel F at 02/06/23 1657

Author: Raquel F | Service: — | Author Type: Medical Assistant
Filed: 02/06/23 1657 | Encounter Date: 2/6/2023 | Status: Signed
Editor: Raquel F (Medical Assistant)

Can you please talk to patient?

Tina Holbrook at 02/06/23 1654

Author: Tina Holbrook | Service: — | Author Type: Nurse Practitioner
Filed: 02/06/23 1654 | Encounter Date: 2/6/2023 | Status: Signed
Editor: Tina Holbrook (Nurse Practitioner)

Again, I consulted with Dr. Martin about details that could be included in letter. Copy of CPT given for him to submit. He can call MindPsi at 859 624-2454 and schedule for the psychological evaluation discussed. This will further assess more specific needs for accommodations.

Raquel F at 02/06/23 1626

Author: Raquel F | Service: — | Author Type: Medical Assistant
Filed: 02/06/23 1626 | Encounter Date: 2/6/2023 | Status: Signed
Editor: Raquel F (Medical Assistant)

SPOKE TO PATIENT HE SAID IT IS NOT AS DETAILED AS IT SHOULD BE. HE SAID IT ALSO NEEDS TO INCLUDE ACCOMODATION'S 100 PERCENT OF TIME PLUS 100%. AT THE CLINIC YOU USE CONNOR AS A TOOL AND PUT A SUMMARY THAT WAS OBSERVED FROM THERE IS WHAT HE NEED. HE SAID THIS LETTER IS TO VAGUE

Tina Holbrook at 02/06/23 1611

Author: Tina Holbrook | Service: — | Author Type: Nurse Practitioner
Filed: 02/06/23 1611 | Encounter Date: 2/6/2023 | Status: Signed
Editor: Tina Holbrook (Nurse Practitioner)

Please let him know that I have consulted with Dr. Martin on the letter he is requesting. Letter completed and placed in MyChart.

Progress Notes

Tina Holbrook at 02/07/23 1018

Author: Tina Holbrook | Service: — | Author Type: Nurse Practitioner
Filed: 02/07/23 1018 | Encounter Date: 2/6/2023 | Status: Signed
Editor: Tina Holbrook (Nurse Practitioner)

Subjective

Markcus Kitchens is a 31 y.o. male who presents today for follow up

Chief Complaint: Anxiety and depression

History of Present Illness:
History of Present Illness
Markcus Kitchens presents today requesting a letter with current diagnosis as well as accommodations needed in relation to diagnosis. Verbalizes that he has a current lawsuit and needs to file an injunctive relief that is due today. Says that his lawsuit is against the National Board of Medical Examiners as he has history of ADHD that was diagnosed in childhood, but was denied ADA accommodations when testing for medical boards. Verbalizes that this testing procedure has caused issue with starting a residency program. He has been unable to apply or start a residency program due to 3 failed attempts at passing the medical board testing that is required for residency. Denies any past psychological evaluations to determine accommodations needed. He does say that he was evaluated by a psychologist during college, but declined any type of accommodation. Reports added stressor as he needs to have this lawsuit reviewed by judge that will enable him to obtain the accommodations he needs for testing. Says that he has until May 31 to get both of the tests completed in order to start residency. Says that he needs to wait until the judge's decision before scheduling these tests. Does admit to increased anxiety and depressed mood at times due to current situation, but feels as though he is handling the situation well. Continues to feel that ADHD symptoms are adequately controlled with current medication regimen. PHQ-9 total score: 11, GAD-7 total score: 18.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

Past Medical History:
History reviewed. No pertinent past medical history.

Social History:
Social History

Socioeconomic History
- Marital status: Married

Tobacco Use
- Smoking status: Never
- Smokeless tobacco: Never

Vaping Use
- Vaping Use: Never used

Substance and Sexual Activity
- Alcohol use: Never
- Drug use: Never
- Sexual activity: Yes
  Partners: Female

Family History:
History reviewed. No pertinent family history.

Past Surgical History:
Past Surgical History:

Procedure	Laterality	Date
• WISDOM TOOTH EXTRACTION	N/A	

Problem List:
Patient Active Problem List
Diagnosis
- Anxiety

- Anxiety
- Attention deficit disorder

Allergy:
No Known Allergies

Current Medications:
Current Outpatient Medications

Medication	Sig	Dispense	Refill
• amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet	Take 1 tablet by mouth 2 (Two) Times a Day.	60 tablet	0
• meloxicam (MOBIC) 7.5 MG tablet	Take 1 tablet by mouth Daily.		
• multivitamin with minerals tablet tablet	Take 1 tablet by mouth Daily.		
• propranolol (INDERAL) 20 MG tablet	Take 1 tablet by mouth 3 (Three) Times a Day.	270 tablet	3

No current facility-administered medications for this visit.

Review of Symptoms:
Review of Systems
Constitutional: Positive for activity change. Negative for appetite change, fatigue, unexpected weight gain and unexpected weight loss.
Respiratory: Negative for shortness of breath.
Cardiovascular: Negative for chest pain.
Psychiatric/Behavioral: Positive for decreased concentration, sleep disturbance, depressed mood and stress. Negative for suicidal ideas. The patient is not nervous/anxious.

Physical Exam:
Physical Exam
Vitals reviewed.
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance.
Neurological:
Mental Status: He is alert.
Gait: Gait normal.
Vitals:
Blood pressure 104/68, pulse 59, height 180.3 cm (71"), weight 64.9 kg (143 lb).

Mental Status Exam:
Hygiene: good
Cooperation: Cooperative
Eye Contact: Good
Psychomotor Behavior: Appropriate
Affect: Appropriate
Mood: sad, depressed and anxious
Hopelessness: Denies
Speech: Normal
Thought Process: Goal directed and Linear
Thought Content: Mood congruent
Suicidal: None
Homicidal: None
Hallucinations: None
Delusion: None
Memory: Intact
Orientation: Person, Place, Time and Situation
Reliability: good
Insight: Good
Judgement: Good
Impulse Control: Good

Lab Results:
Office Visit on 08/25/2022

Component	Date	Value	Ref Range	Status
• Report Summary	08/25/2022	FINAL		Final

Comment:
==========
TOXASSURE COMP DRUG ANALYSIS,UR
==========

Test	*Result*	*Flag*	*Units*

Drug Absent but Declared for Prescription Verification
Amphetamine Not Detected UNEXPECTED ng/mg creat
Propranolol Not Detected UNEXPECTED

Test	*Result*	*Flag*	*Units*	*Ref Range*
Creatinine	*25*		*mg/dL*	*>=20*

Declared Medications:
The flagging and interpretation on this report are based on the following declared medications. Unexpected results may arise from inaccuracies in the declared medications.
***Note: The testing scope of this panel includes these medications:*
Amphetamine (Amphetamine-Dextroamphetamine)
Propranolol

For clinical consultation, please call (866) 593-0157.

EKG Results:
No orders to display

Assessment & Plan

Problems Addressed this Visit

None

Visit Diagnoses

ADHD (attention deficit hyperactivity disorder), inattentive type - Primary

Diagnoses

	Codes	Comments
ADHD (attention deficit hyperactivity disorder), inattentive type - Primary	ICD-10-CM: F90.0 ICD-9-CM: 314.00	

Visit Diagnoses:

	ICD-10-CM	ICD-9-CM
1. ADHD (attention deficit hyperactivity disorder), inattentive type	**F90.0**	**314.00**

-CPT completed on 2/3/2023, he has a total of 9 atypical T-scores which is associated with a very high likelihood of having a disorder characterized by attention deficits, such as ADHD. His profile of scores and response pattern indicates that he may have issues related to inattentiveness (strong indication), sustained attention (some indication) and vigilance (some indication).

Discussed plan of care and later needed to present for lawsuit. Discussed that a letter with current diagnosis can be provided, but any other details will need to be discussed with collaborating physician. He did obtain an office CPT, copy provided as this is a tool that he can present verifying ADHD diagnosis. Encouraged him to make an appointment for psychological testing as this evaluation is more detailed and will recommend accommodations that may be needed. This evaluation will also rule out other psychological and/or neurological conditions that could potentially cause symptoms of impaired attention, leading to atypical scores on the Conners CPT 3. Reports that current medication regimen works well to control ADHD symptoms. Will continue with current medication regimen as previously prescribed.

-Continue Adderall 20 mg twice daily for ADHD symptoms
-Continue Propranolol 20 mg three times daily for anxiety as previously prescribed by Dr. Yin.

GOALS:
Short Term Goals: Patient will be compliant with medication, and patient will have no significant medication related side effects. Patient will be engaged in psychotherapy as indicated. Patient will report subjective improvement of symptoms.
Long term goals: To stabilize mood and treat/improve subjective symptoms, the patient will stay out of the hospital, the patient will be at an optimal level of functioning, and the patient will take all medications as prescribed.
The patient/guardian verbalized understanding and agreement with goals that were mutually set.

TREATMENT PLAN: Continue supportive psychotherapy efforts and medications as indicated for patient's diagnosis. Pharmacological and Non-Pharmacological treatment options discussed during today's visit. Patient/Guardian acknowledged and verbally consented with current treatment plan and was educated on

the importance of compliance with treatment and follow-up appointments.

MEDICATION ISSUES:
Discussed medication options and treatment plan of prescribed medication as well as the risks, benefits, any black box warnings, and side effects including potential falls, possible impaired driving, and metabolic adversities among others. Patient is agreeable to call the office with any worsening of symptoms or onset of side effects, or if any concerns or questions arise. The contact information for the office is made available to the patient. Patient is agreeable to call 911 or go to the nearest ER should they begin having any SI/HI, or if any urgent concerns arise. No medication side effects or related complaints today.

MEDS ORDERED DURING VISIT:
No orders of the defined types were placed in this encounter.

FOLLOW UP:
Return for Next scheduled follow up in April for medication management.

This document has been electronically signed by *Tina Holbrook, APRN*
February 7, 2023 10:18 EST

Please note that portions of this note were completed with a voice recognition program. Efforts were made to edit dictation, but occasionally words are mistranscribed.

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

2/6/2023 10:00 AM BAPTIST HEALTH MEDICAL GROUP BEHAVIORAL HEALTH RICHMOND 859-544-8171

Instructions from Tina Holbrook, APRN

Return for Next scheduled follow up in April for medication management.

Today's Visit

You saw Tina Holbrook, APRN on Monday February 6, 2023. The following issue was addressed: ADHD (attention deficit hyperactivity disorder), inattentive type.

Blood Pressure	BMI	Weight	Height	Pulse
104/68	19.94	143 lb	71"	59

What's Next

APR 24 2023 — Medicine Check with Tina Holbrook, APRN
Monday April 24 9:30 AM (Arrive by 9:00 AM)

BAPTIST HEALTH MEDICAL GROUP
BEHAVIORAL HEALTH RICHMOND
789 EASTERN BYPASS
STE 23
RICHMOND KY 40475-2421
859-544-8171

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information

Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

Your Medication List as of February 6, 2023 11:59 PM

ⓘ Always use your most recent med list.

amphetamine-dextroamphetamine 20 MG tablet Commonly known as: ADDERALL	Take 1 tablet by mouth 2 (Two) Times a Day.
meloxicam 7.5 MG tablet Commonly known as: MOBIC	
multivitamin with minerals tablet tablet	
propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

Progress Notes

Tamera Shea Spangler at 03/12/23 1707

Author: Tamera Shea Spangler | Service: — | Author Type: Physician
Filed: 03/12/23 1707 | Encounter Date: 2/23/2023 | Status: Signed
Editor: Tamera Shea Spangler (Physician)

Markcus Kitchens is a 31 y.o. male.

Chief Complaint
Patient presents with
- Cough
  On and off since December. Feels like it can be bronchitis related. Lost voice for 3 weeks.

HPI
Patient reports they have not been feeling well for 2month(s). He admits to cough, sinus pressure, nasal congestion. He denies fever, wheezing, shortness of breath. They have tried theraflu, honey and lemon, cough drops for this issue with response. Last month he lost his voice. He is still hoarse. Voice is coming an going. Cough comes and goes as well.

The following portions of the patient's history were reviewed and updated as appropriate: allergies, current medications, past family history, past medical history, past social history, past surgical history and problem list.

No Known Allergies

Current Outpatient Medications:
- amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet, Take 1 tablet by mouth 2 (Two) Times a Day., Disp: 60 tablet, Rfl: 0
- meloxicam (MOBIC) 7.5 MG tablet, Take 1 tablet by mouth Daily., Disp: , Rfl:
- multivitamin with minerals tablet tablet, Take 1 tablet by mouth Daily., Disp: , Rfl:
- propranolol (INDERAL) 20 MG tablet, Take 1 tablet by mouth 3 (Three) Times a Day., Disp: 270 tablet, Rfl: 3
- methylPREDNISolone (MEDROL) 4 MG dose pack, Take as directed on package instructions., Disp: 21 each, Rfl: 0

ROS

Review of Systems
Constitutional: Negative for chills and fever.
HENT: Positive for voice change. Negative for congestion **(none currently)** and sinus pressure **(none currently)**.
Respiratory: Positive for cough. Negative for shortness of breath.
Cardiovascular: Negative for chest pain.

Vitals:

	02/23/23 1619
BP:	122/82
BP Location:	Right arm
Patient Position:	Sitting
Cuff Size:	Adult
Pulse:	88
Temp:	97 °F (36.1 °C)
SpO2:	99%
Weight:	64 kg (141 lb)
Height:	180.3 cm (71")

Body mass index is 19.67 kg/m².

Physical Exam

Physical Exam
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance. He is well-developed.

HENT:
Head: Normocephalic and atraumatic.
Right Ear: Tympanic membrane and external ear normal.
Left Ear: Tympanic membrane and external ear normal.
Mouth/Throat:
Pharynx: Posterior oropharyngeal erythema present.
Eyes:
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Cardiovascular:
Rate and Rhythm: Normal rate and regular rhythm.
Heart sounds: No murmur heard.
Pulmonary:
Effort: Pulmonary effort is normal. No respiratory distress.
Breath sounds: Normal breath sounds. No wheezing.
Abdominal:
General: There is no distension.
Skin:
General: Skin is warm and dry.
Neurological:
Mental Status: He is alert and oriented to person, place, and time.
Cranial Nerves: No cranial nerve deficit.
Psychiatric:
Mood and Affect: Mood normal.
Behavior: Behavior normal.

Assessment/Plan

Diagnoses and all orders for this visit:

1. Respiratory illness (Primary)
Assessment & Plan:
Will treat with steroid injection in office. May start medrol dosepack tomorrow. I do not feel antibiotics are necessary at this time.

Orders:
- methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg

Other orders
- methylPREDNISolone (MEDROL) 4 MG dose pack; Take as directed on package instructions.
Dispense: 21 each; Refill: 0

New Medications Ordered This Visit
Medications
- methylPREDNISolone sodium succinate (SOLU-Medrol) injection 125 mg
- methylPREDNISolone (MEDROL) 4 MG dose pack
Sig: Take as directed on package instructions.
Dispense: 21 each
Refill: 0

No orders of the defined types were placed in this encounter.

No follow-ups on file.

Tamera S Spangler, DO

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

2/23/2023 4:15 PM BAPTIST HEALTH MEDICAL GROUP PRIMARY CARE 859-624-6366

Instructions from Tamera Shea Spangler, DO

Today's medication changes

START taking:
methylPREDNISolone (MEDROL)

Accurate as of February 23, 2023 11:59 PM.
Review your updated medication list below.

Pick up these medications at MEIJER PHARMACY #258 - RICHMOND, KY - 2013 LANTERN RIDGE DR - 859-575-5064 PH - 859-575-5065 FX

methylPREDNISolone

Address: 2013 LANTERN RIDGE DR, RICHMOND KY 40475
Phone: 859-575-5064

Today's Visit

You saw Tamera Shea Spangler, DO on Thursday February 23, 2023. The following issue was addressed: Disease of respiratory system.

Blood Pressure	BMI	Weight	Height
122/82	19.67	141 lb	71"

Temperature	Pulse	Oxygen Saturation
97 °F	88	99%

Medications Given

methylPREDNISolone sodium succinate (SOLU-Medrol) Last given 2/23/2023 5:10 PM for Disease of respiratory system

What's Next

You currently have no upcoming appointments scheduled.

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

Your Medication List as of February 23, 2023 11:59 PM

ⓘ Always use your most recent med list.

	amphetamine-dextroamphetamine 20 MG tablet Commonly known as: ADDERALL	Take 1 tablet by mouth 2 (Two) Times a Day.
	meloxicam 7.5 MG tablet Commonly known as: MOBIC	
START	**methylPREDNISolone** 4 MG dose pack Commonly known as: MEDROL Started by: Tamera S Spangler, DO	Take as directed on package instructions.
	multivitamin with minerals tablet tablet	
	propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

Progress Notes

Kristine Baula at 03/24/23 1114

Author: Kristine Baula
Filed: 03/24/23 1114
Editor: Kristine Baula (Physician)

Service: —
Encounter Date: 3/24/2023

Author Type: Physician
Status: Signed

BAPTIST HEALTH

Office Note

Name: Markcus Kitchens
DOB: 1/26/1992
MRN: 8912785729

Chief Complaint
Anxiety

Subjective

History of Present Illness: Markcus Kitchens presents to BAPTIST HEALTH MEDICAL GROUP BEHAVIORAL HEALTH RICHMOND for medication follow-up. This is my first time meeting with Markcus. He was previously seen by Tina Holbrook, APRN for management of ADHD and anxiety. He was last seen by her on 2/06/23, and at that time he was maintained on Adderall 20 mg BID for ADHD and propranolol 20 mg TID as needed for anxiety. He also takes L-theanine. He was referred to me after he contacted the clinic on 3/21 requesting an emergent appt due to increased anxiety. Pt has a current lawsuit again the National Board of Medical Examiners as he was denied ADA accommodations when testing for medical boards and has failed multiple times, delaying his entry into residency. Markcus scored 13 on PHQ-9 and 13 on GAD-7 today.

On interview, pt reports that his anxiety has been gradually increasing over the past couple of months, and he believes that it is now "peaking". He had been taking an L-theanine supplement twice a day which was helping at first, but now his anxiety has become overwhelming. He feels a sense of tightness in his body, and has been picking at the skin around his fingernail unconsciously. Motivation has decreased, and he endorses anhedonia over the past week. He has been experiencing intrusive, negative thoughts like "I'm a failure" and feelings of guilt, and sometimes bursts into tears, which is not typical behavior for him. He sometimes feels hopeless, particularly when he is having these intrusive thoughts. He states that his lawsuit has been a major stressor for him. It is now nearing its end, and although pt is anticipating good results, he is still worried about them. He is the oldest of 21 grandkids and has always felt some pressure to succeed and be a good role model for the younger grandkids.

Pt was previously on Prozac 10 mg daily for mood. He is unsure if it was effective, as he only took it sporadically and never had a dose titration. He tolerated it without issue in the past, and is open to a re-trial with commitment to take it daily. Pt believes that his ADHD symptoms are adequately managed with current dose of Adderall. He is able to focus well when taking it twice a day, but does not take it on days where he is not working and is not needing to focus on anything. He denies side effects. Sleep is fair, and he occasionally takes 3 mg melatonin if he wants to sleep very well. Appetite and weight are fairly stable, although pt has noticed that he has been craving sweets and sodas much more than normal recently. He has also found himself making impulse purchases to cheer himself up.

Pt reports that he had been seeing psychologist Christina Bacon for re-evaluation of ADHD after he was accused in court of malingering, and evaluation was supportive of underlying diagnosis of ADHD. Pt will be sending results via MyChart.

Pt adamantly and convincingly denies any thoughts of suicide or homicide. He does not exhibit any overt signs of psychosis.

Review of Systems:
Review of Systems
Constitutional: Positive for appetite change **(craving sweets more than usual)**. Negative for fatigue, fever, unexpected weight gain and unexpected weight loss.
Psychiatric/Behavioral: Positive for dysphoric mood and stress. Negative for decreased concentration, self-injury, sleep disturbance and suicidal ideas. The patient is nervous/anxious.

EXHIBIT
PX46

Past Medical History: No past medical history on file.

Past Surgical History:
Past Surgical History:

Procedure	Laterality	Date
• WISDOM TOOTH EXTRACTION	N/A	

Medications:

Current Outpatient Medications:
• amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet, Take 1 tablet by mouth 2 (Two) Times a Day., Disp: 60 tablet, Rfl: 0
• meloxicam (MOBIC) 7.5 MG tablet, Take 1 tablet by mouth Daily., Disp: , Rfl:
• methylPREDNISolone (MEDROL) 4 MG dose pack, Take as directed on package instructions., Disp: 21 each, Rfl: 0
• multivitamin with minerals tablet tablet, Take 1 tablet by mouth Daily., Disp: , Rfl:
• propranolol (INDERAL) 20 MG tablet, Take 1 tablet by mouth 3 (Three) Times a Day., Disp: 270 tablet, Rfl: 3

Allergies:
No Known Allergies

Family History: No family history on file.

Social History:
Social History

Socioeconomic History	
• Marital status:	Married
Tobacco Use	
• Smoking status:	Never
• Smokeless tobacco:	Never
Vaping Use	
• Vaping Use:	Never used
Substance and Sexual Activity	
• Alcohol use:	Never
• Drug use:	Never
• Sexual activity:	Yes
Partners:	Female

Objective

Vital Signs:
BP 112/72 | Pulse 76 | Ht 180.3 cm (71") | Wt 65.8 kg (145 lb) | BMI 20.22 kg/m²

PHQ-9 Score:
PHQ-9 Total Score: 13

GAD-7
Feeling nervous, anxious or on edge: More than half the days
Not being able to stop or control worrying: More than half the days
Worrying too much about different things: More than half the days
Trouble Relaxing: More than half the days
Being so restless that it is hard to sit still: More than half the days
Feeling afraid as if something awful might happen: More than half the days
Becoming easily annoyed or irritable: Several days
GAD 7 Total Score: 13
If you checked any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people: Somewhat difficult

Mental Status Exam:
Hygiene: good
Cooperation: Cooperative
Eye Contact: Good
Psychomotor Behavior: Appropriate
Affect: Full range, mildly anxious
Mood: anxious and "down"
Speech: Talkative but non-pressured, normal volume and rate
Thought Process: Tangential
Thought Content: Mood congruent
Suicidal: None
Homicidal: None
Hallucinations: Not demonstrated today

Delusion: None
Memory: Intact
Orientation: Person, Place, Time and Situation
Reliability: good
Insight: Good
Judgement: Good
Impulse Control: Fair
Physical/Medical Issues: No
Gait: steady and stable

Current Medications:
Current Outpatient Medications

Medication	Sig	Dispense	Refill
• amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet	Take 1 tablet by mouth 2 (Two) Times a Day.	60 tablet	0
• meloxicam (MOBIC) 7.5 MG tablet	Take 1 tablet by mouth Daily.		
• methylPREDNISolone (MEDROL) 4 MG dose pack	Take as directed on package instructions.	21 each	0
• multivitamin with minerals tablet tablet	Take 1 tablet by mouth Daily.		
• propranolol (INDERAL) 20 MG tablet	Take 1 tablet by mouth 3 (Three) Times a Day.	270 tablet	3

No current facility-administered medications for this visit.

Physical Exam
Constitutional:
General: He is not in acute distress.
Appearance: Normal appearance. He is normal weight. He is not ill-appearing.
HENT:
Head: Normocephalic and atraumatic.
Eyes:
General: No scleral icterus.
Extraocular Movements: Extraocular movements intact.
Conjunctiva/sclera: Conjunctivae normal.
Pulmonary:
Effort: Pulmonary effort is normal.
Neurological:
General: No focal deficit present.
Mental Status: He is alert and oriented to person, place, and time.
Psychiatric:
Behavior: Behavior normal.
Thought Content: Thought content normal.
Judgment: Judgment normal.

Assessment and Plan

	Diagnosis	Plan
1.	**Generalized anxiety disorder**	**FLUoxetine (PROzac) 20 MG capsule**
2.	Moderate episode of recurrent major depressive disorder (HCC)	FLUoxetine (PROzac) 20 MG capsule
3.	Attention deficit disorder, unspecified hyperactivity presence	amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet

Markcus presents to clinic for medication follow-up. He endorses increasing anxiety as well as depressive symptoms such as anhedonia, poor motivation, intermittent hopelessness, excessive guilt, and appetite changes over the past couple of months. Main stressor is his ongoing lawsuit, which is approaching its final stages. PHQ-9 and GAD-7 scores today are consistent with moderate depression and anxiety. Pt was previously on Prozac, but was inconsistent in taking it and dose was likely subtherapeutic for anxiety. He would benefit from a retrial at a higher dose to target mood, with future titration if needed.

- Start Prozac 20 mg daily for anxiety and depression. Pt was previously prescribed Prozac 10 mg but was inconsistent with taking it, denied side effects. Pt counseled about medication compliance, and voices intent to take his medication daily as prescribed.
- Continue Adderall 20 mg BID for ADHD. Refill sent today.
- Continue propranolol 20 mg TID as needed for anxiety.

- Pt to send results of recent psychological evaluation via MyChart.
- Return to clinic in 1 month for medication follow-up with Tina Holbrook, APRN.

TREATMENT PLAN/GOALS: Continue supportive psychotherapy efforts and medications as indicated. Treatment and medication options discussed during today's visit. Patient ackowledged and verbally consented to continue with current treatment plan and was educated on the importance of compliance with treatment and follow-up appointments.

DEPRESSION:
Patient screened positive for depression based on a PHQ-9 score of 13 on 3/24/2023. Follow-up recommendations include: Prescribed antidepressant medication treatment and Suicide Risk Assessment performed.

MEDICATION ISSUES:
We discussed risks, benefits, and side effects of the above medications and the patient was agreeable with the plan. Patient was educated on the importance of compliance with treatment and follow-up appointments. Patient is agreeable to call the office with any worsening of symptoms or onset of side effects. Patient is agreeable to call 911 or go to the nearest ER should he/she begin having SI/HI.

Counseled patient regarding multimodal approach with healthy nutrition, healthy sleep, regular physical activity, social activities, counseling, and medications.

Coping skills reviewed and encouraged positive framing of thoughts

KASPER reviewed via PDMP - last fill of Adderall 20 mg #60 on 1/10/23. Pt does not take when he is not working. No concerns.

MEDS ORDERED DURING VISIT:
New Medications Ordered This Visit
Medications
- amphetamine-dextroamphetamine (ADDERALL) 20 MG tablet
  Sig: Take 1 tablet by mouth 2 (Two) Times a Day.
  Dispense: 60 tablet
  Refill: 0
- FLUoxetine (PROzac) 20 MG capsule
  Sig: Take 1 capsule by mouth Daily.
  Dispense: 30 capsule
  Refill: 1

Follow Up
Return in about 1 month (around 4/24/2023).

Patient was given instructions and counseling regarding his condition or for health maintenance advice. Please see specific information pulled into the AVS if appropriate.

This document has been electronically signed by *Kristine M Baula, MD*
March 24, 2023 09:50 EDT

AFTER VISIT SUMMARY

BAPTIST HEALTH

Markcus Kitchens MRN: 8912785729

3/24/2023 10:00 AM BAPTIST HEALTH MEDICAL GROUP BEHAVIORAL HEALTH RICHMOND 859-544-8171

Instructions from Kristine Baula, MD

Today's medication changes

START taking:
FLUoxetine (PROzac)

STOP taking:
meloxicam 7.5 MG tablet (MOBIC)
methylPREDNISolone 4 MG dose pack (MEDROL)

Accurate as of March 24, 2023 11:59 PM.
Review your updated medication list below.

Pick up these medications at MEIJER PHARMACY #258 - RICHMOND, KY - 2013 LANTERN RIDGE DR - 859-575-5064 PH - 859-575-5065 FX

amphetamine-dextroamphetamine • FLUoxetine

Address: 2013 LANTERN RIDGE DR, RICHMOND KY 40475
Phone: 859-575-5064

Return in about 1 month

(around 4/24/2023).

Today's Visit

You saw Kristine Baula, MD on Friday March 24, 2023. The following issue was addressed: Generalized anxiety disorder.

Blood Pressure	BMI	Weight	Height
112/72	20.22	145 lb	71"

Pulse 76

What's Next

APR 24 2023 — Medicine Check with Tina Holbrook, APRN
Monday April 24 9:30 AM (Arrive by 9:00 AM)

BAPTIST HEALTH MEDICAL GROUP
BEHAVIORAL HEALTH RICHMOND
789 EASTERN BYPASS
STE 23
RICHMOND KY 40475-2421
859-544-8171

Opioid Resource

If you or someone you know needs information on substance abuse, please visit https://www.findhelpnowky.org/ for listings of facilities and resources across Kentucky.

COVID-19 Vaccination Information
Why Get Vaccinated?

Building defenses against COVID-19 is a team effort, and you are a key part of that team. Getting the COVID-19 vaccine adds one more layer of protection for you, your coworkers, and family. Here are ways you can build people's confidence in the COVID-19 vaccines in your community and at home.

- Get vaccinated and enroll in the v-safe text messaging program to help CDC monitor vaccine safety.
- Tell others why you are getting vaccinated and encourage them to get vaccinated. Share your success story.
- Learn how to have conversations about COVID-19 vaccine with coworkers, family, and friends.
- https://www.cdc.gov/coronavirus/2019-ncov/vaccines/index.html

How do I schedule an appointment for a vaccine?

https://www.vaccines.gov/ helps you find locations that carry COVID-19 vaccines and their contact information. Because every location handles appointments differently, you will need to schedule your appointment directly with the location you choose.

Your Medication List as of March 24, 2023 11:59 PM

ⓘ Always use your most recent med list.

	amphetamine-dextroamphetamine 20 MG tablet Commonly known as: ADDERALL	Take 1 tablet by mouth 2 (Two) Times a Day.
START	**FLUoxetine** 20 MG capsule Commonly known as: PROzac Started by: Kristine M Baula, MD	Take 1 capsule by mouth Daily.
	multivitamin with minerals tablet tablet	
	propranolol 20 MG tablet Commonly known as: INDERAL	Take 1 tablet by mouth 3 (Three) Times a Day.

Patient Experience

Thank you for choosing Baptist Health. You may receive a survey following your visit. Please take a moment to share what went well, where we need improvement, and which staff members deserve recognition. We value your input.

Access to Your Information

At Baptist Health, we believe that sharing information builds trust and better relationships. We believe that you should be able to see your results in MyChart as soon as they are available. However, this means that you may see results even before your healthcare provider has reviewed them. Some test results may be hard to understand and may show a mild or serious disease or condition. You may choose to view your results immediately, or you may prefer to wait until your provider's office contacts you. Waiting will allow your provider to discuss your results in detail and provide important education about your condition. If you have not heard within a few days, you may want to contact your provider's office before viewing the results on your own.

Medications

Current Medications

Please review your medications and verify that the list is up to date. **Call 911 if you have an emergency.**

amphetamine-dextroamphetamine 20 MG tablet

Commonly known as: ADDERALL

Take 1 tablet by mouth 2 (Two) Times a Day.

Prescription Details

Prescribed March 24, 2023

Approved by Kristine Baula

Refill Details

Quantity 60 tablets

Day supply 30

Pharmacy Details

MEIJER PHARMACY #258 - RICHMOND, KY - 2013 LANTERN RIDGE DR - 859-575-5064 PH - 859-575-5065 FX

2013 LANTERN RIDGE DR, RICHMOND KY 40475

859-575-5064

FLUoxetine 20 MG capsule

Commonly known as: PROzac

Take 1 capsule by mouth Daily.

Prescription Details

Prescribed March 24, 2023

Approved by Kristine Baula

Refill Details

Quantity 30 capsules

Day supply 30

Pharmacy Details

MEIJER PHARMACY #258 - RICHMOND, KY - 2013 LANTERN RIDGE DR - 859-575-5064 PH - 859-575-5065 FX

2013 LANTERN RIDGE DR, RICHMOND KY 40475

859-575-5064

multivitamin with minerals tablet tablet

Take 1 tablet by mouth Daily.

Prescription Details

Documented by Raquel F

propranolol 20 MG tablet

Commonly known as: INDERAL

Take 1 tablet by mouth 3 (Three) Times a Day.

Prescription expired on February 10, 2023 and can no longer be refilled

Prescription Details

Prescribed February 10, 2022

Approved by Arthur G Yin

Refill Details

Quantity 270 tablets

Day supply 90

Pharmacy Details

WALGREENS DRUG STORE #19411 - RICHMOND, KY - 654 UNIVERSITY SHOPPING CENTER AT UNIVERSITY SHOPING CNTR & LANCASTER - 859-623-7326 PH - 859-626-9679 FX

654 UNIVERSITY SHOPPING CENTER, RICHMOND KY 40475-2614

859-623-7326

disorders, and other comorbid diagnoses. Among individuals who are nonverbal or have language deficits, observable signs such as changes in sleep or eating and increases in challenging behavior should trigger an evaluation for anxiety or depression. Specific learning difficulties (literacy and numeracy) are common, as is developmental coordination disorder. Medical conditions commonly associated with autism spectrum disorder should be noted under the "associated with a known medical/genetic or environmental/acquired condition" specifier. Such medical conditions include epilepsy, sleep problems, and constipation. Avoidant-restrictive food intake disorder is a fairly frequent presenting feature of autism spectrum disorder, and extreme and narrow food preferences may persist.

Attention-Deficit/Hyperactivity Disorder

Attention-Deficit/Hyperactivity Disorder

Diagnostic Criteria

A. A persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. **Inattention:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
   Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.
   a. Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
   b. Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
   c. Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of any obvious distraction).
   d. Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
   e. Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).
   f. Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
   g. Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
   Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
   Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

2. **Hyperactivity and impulsivity:** Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:
   Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.
   a. Often fidgets with or taps hands or feet or squirms in seat.
   b. Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
   c. Often runs about or climbs in situations where it is inappropriate. (**Note:** In adolescents or adults, may be limited to feeling restless.)
   d. Often unable to play or engage in leisure activities quietly.
   e. Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experienced by others as being restless or difficult to keep up with).
   f. Often talks excessively.
   g. Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait for turn in conversation).
   h. Often has difficulty waiting his or her turn (e.g., while waiting in line).
   i. Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

B. Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.
C. Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).
D. There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning.
E. The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

Specify whether:

314.01 (F90.2) Combined presentation: If both Criterion A1 (inattention) and Criterion A2 (hyperactivity-impulsivity) are met for the past 6 months.

314.00 (F90.0) Predominantly inattentive presentation: If Criterion A1 (inattention) is met but Criterion A2 (hyperactivity-impulsivity) is not met for the past 6 months.

314.01 (F90.1) Predominantly hyperactive/impulsive presentation: If Criterion A2 (hyperactivity-impulsivity) is met and Criterion A1 (inattention) is not met for the past 6 months.

Specify if:

in partial remission: When full criteria were previously met, fewer than the full criteria have been met for the past 6 months, and the symptoms still result in impairment in social, academic, or occupational functioning.

Specify current severity:

Mild: Few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairments in social or occupational functioning.

Moderate: Symptoms or functional impairment between "mild" and "severe" are present.

Severe: Many symptoms in excess of those required to make the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning.

Diagnostic Features

The essential feature of attention-deficit/hyperactivity disorder (ADHD) is a persistent pattern of inattention and/or hyperactivity-impulsivity that interferes with functioning or development. *Inattention* manifests behaviorally in ADHD as wandering off task, lacking persistence, having difficulty sustaining focus, and being disorganized and is not due to defiance or lack of comprehension. *Hyperactivity* refers to excessive motor activity (such as a child running about) when it is not appropriate, or excessive fidgeting, tapping, or talkativeness. In adults, hyperactivity may manifest as extreme restlessness or wearing others out with their activity. *Impulsivity* refers to hasty actions that occur in the moment without forethought and that have high potential for harm to the individual (e.g., darting into the street without looking). Impulsivity may reflect a desire for immediate rewards or an inability to delay gratification. Impulsive behaviors may manifest as social intrusiveness (e.g., interrupting others excessively) and/or as making important decisions without consideration of long-term consequences (e.g., taking a job without adequate information).

ADHD begins in childhood. The requirement that several symptoms be present before age 12 years conveys the importance of a substantial clinical presentation during childhood. At the same time, an earlier age at onset is not specified because of difficulties in establishing precise childhood onset retrospectively. Adult recall of childhood symptoms tends to be unreliable, and it is beneficial to obtain ancillary information.

Manifestations of the disorder must be present in more than one setting (e.g., home and school, work). Confirmation of substantial symptoms across settings typically cannot be done accurately without consulting informants who have seen the individual in those settings. Typically, symptoms vary depending on context within a given setting. Signs of the disorder may be minimal or absent when the individual is receiving frequent rewards for appropriate behavior, is under close supervision, is in a novel setting, is engaged in especially interesting activities, has consistent external stimulation (e.g., via electronic screens), or is interacting in one-on-one situations (e.g., the clinician's office).

Associated Features Supporting Diagnosis

Mild delays in language, motor, or social development are not specific to ADHD but often cooccur. Associated features may include low frustration tolerance, irritability, or mood lability. Even in the absence of a specific learning disorder, academic or work performance is often impaired. Inattentive behavior is associated with various underlying cognitive processes, and individuals with ADHD may exhibit cognitive problems on tests of attention, executive function, or memory, although these tests are not sufficiently sensitive or specific to serve as diagnostic indices. By early adulthood, ADHD is associated with an increased risk of suicide attempt, primarily when comorbid with mood, conduct, or substance use disorders.

No biological marker is diagnostic for ADHD. As a group, compared with peers, children with ADHD display increased slow wave electroencephalograms, reduced total brain volume on magnetic resonance imaging, and possibly a delay in posterior to anterior cortical maturation, but these findings are not diagnostic. In the uncommon cases where there is a known genetic cause (e.g., Fragile X syndrome, 22q11 deletion syndrome), the ADHD presentation should still be diagnosed.

Prevalence

Population surveys suggest that ADHD occurs in most cultures in about 5% of children and about 2.5% of adults.

Development and Course

Many parents first observe excessive motor activity when the child is a toddler, but symptoms are difficult to distinguish from highly variable normative behaviors before age 4 years. ADHD is most often identified during elementary school years, and inattention becomes more prominent and impairing. The disorder is relatively stable through early adolescence, but some individuals have a worsened course with development of antisocial behaviors. In most individuals with ADHD, symptoms of motoric hyperactivity become less obvious in adolescence and adulthood, but difficulties with restlessness, inattention, poor planning, and impulsivity persist. A substantial proportion of children with ADHD remain relatively impaired into adulthood.

In preschool, the main manifestation is hyperactivity. Inattention becomes more prominent during elementary school. During adolescence, signs of hyperactivity (e.g., running and climbing) are less common and may be confined to fidgetiness or an inner feeling of jitteriness, restlessness, or impatience. In adulthood, along with inattention and restlessness, impulsivity may remain problematic even when hyperactivity has diminished.

Risk and Prognostic Factors

Temperamental. ADHD is associated with reduced behavioral inhibition, effortful control, or constraint; negative emotionality; and/or elevated novelty seeking. These traits may predispose some children to ADHD but are not specific to the disorder.

Environmental. Very low birth weight (less than 1,500 grams) conveys a two- to threefold risk for ADHD, but most children with low birth weight do not develop ADHD. Although ADHD is correlated with smoking during pregnancy, some of this association reflects common genetic risk. A minority of cases may be related to reactions to aspects of diet. There may be a history of child abuse, neglect, multiple foster placements, neurotoxin exposure (e.g., lead), infections (e.g., encephalitis), or alcohol exposure in utero. Exposure to environmental toxicants has been correlated with subsequent ADHD, but it is not known whether these associations are causal.

Genetic and physiological. ADHD is elevated in the first-degree biological relatives of individuals with ADHD. The heritability of ADHD is substantial. While specific genes have been correlated with ADHD, they are neither necessary nor sufficient causal factors. Visual and hearing impairments, metabolic abnormalities, sleep disorders, nutritional deficiencies, and epilepsy should be considered as possible influences on ADHD symptoms.

ADHD is not associated with specific physical features, although rates of minor physical anomalies (e.g., hypertelorism, highly arched palate, low-set ears) may be relatively elevated. Subtle motor delays and other neurological soft signs may occur. (Note that marked co-occurring clumsiness and motor delays should be coded separately [e.g., developmental coordination disorder].)

Course modifiers. Family interaction patterns in early childhood are unlikely to cause ADHD but may influence its course or contribute to secondary development of conduct problems.

Culture-Related Diagnostic Issues

Differences in ADHD prevalence rates across regions appear attributable mainly to different diagnostic and methodological practices. However, there also may be cultural variation in attitudes toward or interpretations of children's behaviors. Clinical identification rates in the United States for African American and Latino populations tend to be lower than for Caucasian populations. Informant symptom ratings may be influenced by cultural group of the child and the informant, suggesting that culturally appropriate practices are relevant in assessing ADHD.

Gender-Related Diagnostic Issues

ADHD is more frequent in males than in females in the general population, with a ratio of approximately 2:1 in children and 1.6:1 in adults. Females are more likely than males to present primarily with inattentive features.

Functional Consequences of Attention-Deficit/Hyperactivity Disorder

ADHD is associated with reduced school performance and academic attainment, social rejection, and, in adults, poorer occupational performance, attainment, attendance, and higher probability of unemployment as well as elevated interpersonal conflict. Children with ADHD are significantly more likely than their peers without ADHD to develop conduct disorder in adolescence and antisocial personality disorder in adulthood, consequently increasing the likelihood for substance use disorders and incarceration. The risk of subsequent substance use disorders is elevated, especially when conduct disorder or antisocial personality disorder develops. Individuals with ADHD are more likely than peers to be injured. Traffic accidents and violations are more frequent in drivers with ADHD. There may be an elevated likelihood of obesity among individuals with ADHD.

Inadequate or variable self-application to tasks that require sustained effort is often interpreted by others as laziness, irresponsibility, or failure to cooperate. Family relationships may be characterized by discord and negative interactions. Peer relationships are often disrupted by peer rejection, neglect, or teasing of the individual with ADHD. On average, individuals with ADHD obtain less schooling, have poorer vocational achievement, and have reduced intellectual scores than their peers, although there is great variability. In its severe form, the disorder is markedly impairing, affecting social, familial, and scholastic/occupational adjustment.

Academic deficits, school-related problems, and peer neglect tend to be most associated with elevated symptoms of inattention, whereas peer rejection and, to a lesser extent, accidental injury are most salient with marked symptoms of hyperactivity or impulsivity.

Differential Diagnosis

Oppositional defiant disorder. Individuals with oppositional defiant disorder may resist work or school tasks that require self-application because they resist conforming to others' demands. Their behavior is characterized by negativity, hostility, and defiance. These symptoms must be differentiated from aversion to school or mentally demanding tasks due to difficulty in sustaining mental effort, forgetting instructions, and impulsivity in individuals with ADHD. Complicating the differential diagnosis is the fact that some individuals with ADHD may develop secondary oppositional attitudes toward such tasks and devalue their importance.

Intermittent explosive disorder. ADHD and intermittent explosive disorder share high levels of impulsive behavior. However, individuals with intermittent explosive disorder show serious aggression toward others, which is not characteristic of ADHD, and they do not experience problems with sustaining attention as seen in ADHD. In addition, intermittent explosive disorder is rare in childhood. Intermittent explosive disorder may be diagnosed in the presence of ADHD.

Other neurodevelopmental disorders. The increased motoric activity that may occur in ADHD must be distinguished from the repetitive motor behavior that characterizes stereotypic movement disorder and some cases of autism spectrum disorder. In stereotypic movement disorder, the motoric behavior is generally fixed and repetitive (e.g., body rocking, self-biting), whereas the fidgetiness and restlessness in ADHD are typically generalized and not characterized by repetitive stereotypic movements. In Tourette's disorder,

frequent multiple tics can be mistaken for the generalized fidgetiness of ADHD. Prolonged observation may be needed to differentiate fidgetiness from bouts of multiple tics.

Specific learning disorder. Children with specific learning disorder may appear inattentive because of frustration, lack of interest, or limited ability. However, inattention in individuals with a specific learning disorder who do not have ADHD is not impairing outside of academic work.

Intellectual disability (intellectual developmental disorder). Symptoms of ADHD are common among children placed in academic settings that are inappropriate to their intellectual ability. In such cases, the symptoms are not evident during non-academic tasks. A diagnosis of ADHD in intellectual disability requires that inattention or hyperactivity be excessive for mental age.

Autism spectrum disorder. Individuals with ADHD and those with autism spectrum disorder exhibit inattention, social dysfunction, and difficult-to-manage behavior. The social dysfunction and peer rejection seen in individuals with ADHD must be distinguished from the social disengagement, isolation, and indifference to facial and tonal communication cues seen in individuals with autism spectrum disorder. Children with autism spectrum disorder may display tantrums because of an inability to tolerate a change from their expected course of events. In contrast, children with ADHD may misbehave or have a tantrum during a major transition because of impulsivity or poor self-control.

Reactive attachment disorder. Children with reactive attachment disorder may show social disinhibition, but not the full ADHD symptom cluster, and display other features such as a lack of enduring relationships that are not characteristic of ADHD.

Anxiety disorders. ADHD shares symptoms of inattention with anxiety disorders. Individuals with ADHD are inattentive because of their attraction to external stimuli, new activities, or preoccupation with enjoyable activities. This is distinguished from the inattention due to worry and rumination seen in anxiety disorders. Restlessness might be seen in anxiety disorders. However, in ADHD, the symptom is not associated with worry and rumination.

Depressive disorders. Individuals with depressive disorders may present with inability to concentrate. However, poor concentration in mood disorders becomes prominent only during a depressive episode.

Bipolar disorder. Individuals with bipolar disorder may have increased activity, poor concentration, and increased impulsivity, but these features are episodic, occurring several days at a time. In bipolar disorder, increased impulsivity or inattention is accompanied by elevated mood, grandiosity, and other specific bipolar features. Children with ADHD may show significant changes in mood within the same day; such lability is distinct from a manic episode, which must last 4 or more days to be a clinical indicator of bipolar disorder, even in children. Bipolar disorder is rare in preadolescents, even when severe irritability and anger are prominent, whereas ADHD is common among children and adolescents who display excessive anger and irritability.

Disruptive mood dysregulation disorder. Disruptive mood dysregulation disorder is characterized by pervasive irritability, and intolerance of frustration, but impulsiveness and disorganized attention are not essential features. However, most children and adolescents with the disorder have symptoms that also meet criteria for ADHD, which is diagnosed separately.

Substance use disorders. Differentiating ADHD from substance use disorders may be problematic if the first presentation of ADHD symptoms follows the onset of abuse or frequent use. Clear evidence of ADHD before substance misuse from informants or previous records may be essential for differential diagnosis.

Personality disorders. In adolescents and adults, it may be difficult to distinguish ADHD from borderline, narcissistic, and other personality disorders. All these disorders tend to share the features of disorganization, social intrusiveness, emotional dysregulation, and cognitive dysregulation. However, ADHD is not characterized by fear of abandonment, self-injury, extreme ambivalence, or other features of personality disorder. It may take extended clinical observation, informant interview, or detailed history to distinguish impulsive, socially intrusive, or inappropriate behavior from narcissistic, aggressive, or domineering behavior to make this differential diagnosis.

Psychotic disorders. ADHD is not diagnosed if the symptoms of inattention and hyperactivity occur exclusively during the course of a psychotic disorder.

Medication-induced symptoms of ADHD. Symptoms of inattention, hyperactivity, or impulsivity attributable to the use of medication (e.g., bronchodilators, isoniazid, neuroleptics [resulting in akathisia], thyroid replacement medication) are diagnosed as other specified or unspecified other (or unknown) substance–related disorders.

Neurocognitive disorders. Early major neurocognitive disorder (dementia) and/or mild neurocognitive disorder are not known to be associated with ADHD but may present with similar clinical features. These conditions are distinguished from ADHD by their late onset.

Comorbidity

In clinical settings, comorbid disorders are frequent in individuals whose symptoms meet criteria for ADHD. In the general population, oppositional defiant disorder co-occurs with ADHD in approximately half of children with the combined presentation and about a quarter with the predominantly inattentive presentation. Conduct disorder co-occurs in about a quarter of children or adolescents with the combined presentation, depending on age and setting. Most children and adolescents with disruptive mood dysregulation disorder have symptoms that also meet criteria for ADHD; a lesser percentage of children with ADHD have symptoms that meet criteria for disruptive mood dysregulation disorder. Specific learning disorder commonly co-occurs with ADHD. Anxiety disorders and major depressive disorder occur in a minority of individuals with ADHD but more often than in the general population. Intermittent explosive disorder occurs in a minority of adults with ADHD, but at rates above population levels. Although substance use disorders are relatively more frequent among adults with ADHD in the general population, the disorders are present in only a minority of adults with ADHD. In adults, antisocial and other personality disorders may co-occur with ADHD. Other disorders that may co-occur with ADHD include obsessive-compulsive disorder, tic disorders, and autism spectrum disorder.

Other Specified Attention-Deficit/ Hyperactivity Disorder

314.01 (F90.8)

This category applies to presentations in which symptoms characteristic of attention-deficit/hyperactivity disorder that cause clinically significant distress or impairment in social, occupational or other important areas of functioning predominate but do not meet the full criteria for attention-deficit/hyperactivity disorder or any of the disorders in the neurodevelopmental disorders diagnostic class. The other specified attention-deficit/hyperactivity disorder category is used in situations in which the clinician chooses to communicate

the specific reason that the presentation does not meet the criteria for attention-deficit/hyperactivity disorder or any specific neurodevelopmental disorder. This is done by recording "other specified attention-deficit/hyperactivity disorder" followed by the specific reason (e.g., "with insufficient inattention symptoms").

Unspecified Attention-Deficit/Hyperactivity Disorder

314.01 (F90.9)

This category applies to presentations in which symptoms characteristic of attention-deficit/hyperactivity disorder that cause clinically significant distress or impairment in social, occupational, or other important areas of functioning predominate but do not meet the full criteria for attention-deficit/hyperactivity disorder or any of the disorders in the neurodevelopmental disorders diagnostic class. The unspecified attention-deficit/hyperactivity disorder category is used in situations in which the clinician chooses *not* to specify the reason that the criteria are not met for attention-deficit/hyperactivity disorder or for a specific neurodevelopmental disorder, and includes presentations in which there is insufficient information to make a more specific diagnosis.

Specific Learning Disorder

Specific Learning Disorder

Diagnostic Criteria

A. Difficulties learning and using academic skills, as indicated by the presence of at least one of the following symptoms that have persisted for at least 6 months, despite the provision of interventions that target those difficulties:

1. Inaccurate or slow and effortful word reading (e.g., reads single words aloud incorrectly or slowly and hesitantly, frequently guesses words, has difficulty sounding out words).
2. Difficulty understanding the meaning of what is read (e.g., may read text accurately but not understand the sequence, relationships, inferences, or deeper meanings of what is read).
3. Difficulties with spelling (e.g., may add, omit, or substitute vowels or consonants).
4. Difficulties with written expression (e.g., makes multiple grammatical or punctuation errors within sentences; employs poor paragraph organization; written expression of ideas lacks clarity).
5. Difficulties mastering number sense, number facts, or calculation (e.g., has poor understanding of numbers, their magnitude, and relationships; counts on fingers to add single-digit numbers instead of recalling the math fact as peers do; gets lost in the midst of arithmetic computation and may switch procedures).
6. Difficulties with mathematical reasoning (e.g., has severe difficulty applying mathematical concepts, facts, or procedures to solve quantitative problems).

Generalized Anxiety Disorder

Diagnostic Criteria 300.02 (F41.1)

A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

B. The individual finds it difficult to control the worry.

C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms having been present for more days than not for the past 6 months):

Note: Only one item is required in children.

1. Restlessness or feeling keyed up or on edge.
2. Being easily fatigued.
3. Difficulty concentrating or mind going blank.
4. Irritability.
5. Muscle tension.
6. Sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

D. The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

E. The disturbance is not attributable to the physiological effects of a substance (e.g., a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism).

F. The disturbance is not better explained by another mental disorder (e.g., anxiety or worry about having panic attacks in panic disorder, negative evaluation in social anxiety disorder [social phobia], contamination or other obsessions in obsessive-compulsive disorder, separation from attachment figures in separation anxiety disorder, reminders of traumatic events in posttraumatic stress disorder, gaining weight in anorexia nervosa, physical complaints in somatic symptom disorder, perceived appearance flaws in body dysmorphic disorder, having a serious illness in illness anxiety disorder, or the content of delusional beliefs in schizophrenia or delusional disorder).

Diagnostic Features

The essential feature of generalized anxiety disorder is excessive anxiety and worry (apprehensive expectation) about a number of events or activities. The intensity, duration, or frequency of the anxiety and worry is out of proportion to the actual likelihood or impact of the anticipated event. The individual finds it difficult to control the worry and to keep worrisome thoughts from interfering with attention to tasks at hand. Adults with generalized anxiety disorder often worry about everyday, routine life circumstances, such as possible job responsibilities, health and finances, the health of family members, misfortune to their children, or minor matters (e.g., doing household chores or being late for appointments). Children with generalized anxiety disorder tend to worry excessively about their competence or the quality of their performance. During the course of the disorder, the focus of worry may shift from one concern to another.

Several features distinguish generalized anxiety disorder from nonpathological anxiety. First, the worries associated with generalized anxiety disorder are excessive and typically interfere significantly with psychosocial functioning, whereas the worries of everyday life are not excessive and are perceived as more manageable and may be put off when more pressing matters arise. Second, the worries associated with generalized anxiety disorder are

more pervasive, pronounced, and distressing; have longer duration; and frequently occur without precipitants. The greater the range of life circumstances about which a person worries (e.g., finances, children's safety, job performance), the more likely his or her symptoms are to meet criteria for generalized anxiety disorder. Third, everyday worries are much less likely to be accompanied by physical symptoms (e.g., restlessness or feeling keyed up or on edge). Individuals with generalized anxiety disorder report subjective distress due to constant worry and related impairment in social, occupational, or other important areas of functioning.

The anxiety and worry are accompanied by at least three of the following additional symptoms: restlessness or feeling keyed up or on edge, being easily fatigued, difficulty concentrating or mind going blank, irritability, muscle tension, and disturbed sleep, although only one additional symptom is required in children.

Associated Features Supporting Diagnosis

Associated with muscle tension, there may be trembling, twitching, feeling shaky, and muscle aches or soreness. Many individuals with generalized anxiety disorder also experience somatic symptoms (e.g., sweating, nausea, diarrhea) and an exaggerated startle response. Symptoms of autonomic hyperarousal (e.g., accelerated heart rate, shortness of breath, dizziness) are less prominent in generalized anxiety disorder than in other anxiety disorders, such as panic disorder. Other conditions that may be associated with stress (e.g., irritable bowel syndrome, headaches) frequently accompany generalized anxiety disorder.

Prevalence

The 12-month prevalence of generalized anxiety disorder is 0.9% among adolescents and 2.9% among adults in the general community of the United States. The 12-month prevalence for the disorder in other countries ranges from 0.4% to 3.6%. The lifetime morbid risk is 9.0%. Females are twice as likely as males to experience generalized anxiety disorder. The prevalence of the diagnosis peaks in middle age and declines across the later years of life.

Individuals of European descent tend to experience generalized anxiety disorder more frequently than do individuals of non-European descent (i.e., Asian, African, Native American and Pacific Islander). Furthermore, individuals from developed countries are more likely than individuals from nondeveloped countries to report that they have experienced symptoms that meet criteria for generalized anxiety disorder in their lifetime.

Development and Course

Many individuals with generalized anxiety disorder report that they have felt anxious and nervous all of their lives. The median age at onset for generalized anxiety disorder is 30 years; however, age at onset is spread over a very broad range. The median age at onset is later than that for the other anxiety disorders. The symptoms of excessive worry and anxiety may occur early in life but are then manifested as an anxious temperament. Onset of the disorder rarely occurs prior to adolescence. The symptoms of generalized anxiety disorder tend to be chronic and wax and wane across the lifespan, fluctuating between syndromal and subsyndromal forms of the disorder. Rates of full remission are very low.

The clinical expression of generalized anxiety disorder is relatively consistent across the lifespan. The primary difference across age groups is in the content of the individual's worry. Children and adolescents tend to worry more about school and sporting performance, whereas older adults report greater concern about the well-being of family or their own physical heath. Thus, the content of an individual's worry tends to be age appropriate. Younger adults experience greater severity of symptoms than do older adults.

The earlier in life individuals have symptoms that meet criteria for generalized anxiety disorder, the more comorbidity they tend to have and the more impaired they are likely to

be. The advent of chronic physical disease can be a potent issue for excessive worry in the elderly. In the frail elderly, worries about safety—and especially about falling—may limit activities. In those with early cognitive impairment, what appears to be excessive worry about, for example, the whereabouts of things is probably better regarded as realistic given the cognitive impairment.

In children and adolescents with generalized anxiety disorder, the anxieties and worries often concern the quality of their performance or competence at school or in sporting events, even when their performance is not being evaluated by others. There may be excessive concerns about punctuality. They may also worry about catastrophic events, such as earthquakes or nuclear war. Children with the disorder may be overly conforming, perfectionist, and unsure of themselves and tend to redo tasks because of excessive dissatisfaction with less-than-perfect performance. They are typically overzealous in seeking reassurance and approval and require excessive reassurance about their performance and other things they are worried about.

Generalized anxiety disorder may be overdiagnosed in children. When this diagnosis is being considered in children, a thorough evaluation for the presence of other childhood anxiety disorders and other mental disorders should be done to determine whether the worries may be better explained by one of these disorders. Separation anxiety disorder, social anxiety disorder (social phobia), and obsessive-compulsive disorder are often accompanied by worries that may mimic those described in generalized anxiety disorder. For example, a child with social anxiety disorder may be concerned about school performance because of fear of humiliation. Worries about illness may also be better explained by separation anxiety disorder or obsessive-compulsive disorder.

Risk and Prognostic Factors

Temperamental. Behavioral inhibition, negative affectivity (neuroticism), and harm avoidance have been associated with generalized anxiety disorder.

Environmental. Although childhood adversities and parental overprotection have been associated with generalized anxiety disorder, no environmental factors have been identified as specific to generalized anxiety disorder or necessary or sufficient for making the diagnosis.

Genetic and physiological. One-third of the risk of experiencing generalized anxiety disorder is genetic, and these genetic factors overlap with the risk of neuroticism and are shared with other anxiety and mood disorders, particularly major depressive disorder.

Culture-Related Diagnostic Issues

There is considerable cultural variation in the expression of generalized anxiety disorder. For example, in some cultures, somatic symptoms predominate in the expression of the disorder, whereas in other cultures cognitive symptoms tend to predominate. This difference may be more evident on initial presentation than subsequently, as more symptoms are reported over time. There is no information as to whether the propensity for excessive worrying is related to culture, although the topic being worried about can be culture specific. It is important to consider the social and cultural context when evaluating whether worries about certain situations are excessive.

Gender-Related Diagnostic Issues

In clinical settings, generalized anxiety disorder is diagnosed somewhat more frequently in females than in males (about 55%–60% of those presenting with the disorder are female). In epidemiological studies, approximately two-thirds are female. Females and males who experience generalized anxiety disorder appear to have similar symptoms but

demonstrate different patterns of comorbidity consistent with gender differences in the prevalence of disorders. In females, comorbidity is largely confined to the anxiety disorders and unipolar depression, whereas in males, comorbidity is more likely to extend to the substance use disorders as well.

Functional Consequences of Generalized Anxiety Disorder

Excessive worrying impairs the individual's capacity to do things quickly and efficiently, whether at home or at work. The worrying takes time and energy; the associated symptoms of muscle tension and feeling keyed up or on edge, tiredness, difficulty concentrating, and disturbed sleep contribute to the impairment. Importantly the excessive worrying may impair the ability of individuals with generalized anxiety disorder to encourage confidence in their children.

Generalized anxiety disorder is associated with significant disability and distress that is independent of comorbid disorders, and most non-institutionalized adults with the disorder are moderately to seriously disabled. Generalized anxiety disorder accounts for 110 million disability days per annum in the U.S. population.

Differential Diagnosis

Anxiety disorder due to another medical condition. The diagnosis of anxiety disorder associated with another medical condition should be assigned if the individual's anxiety and worry are judged, based on history, laboratory findings, or physical examination, to be a physiological effect of another specific medical condition (e.g., pheochromocytoma, hyperthyroidism).

Substance/medication-induced anxiety disorder. A substance/medication-induced anxiety disorder is distinguished from generalized anxiety disorder by the fact that a substance or medication (e.g., a drug of abuse, exposure to a toxin) is judged to be etiologically related to the anxiety. For example, severe anxiety that occurs only in the context of heavy coffee consumption would be diagnosed as caffeine-induced anxiety disorder.

Social anxiety disorder. Individuals with social anxiety disorder often have anticipatory anxiety that is focused on upcoming social situations in which they must perform or be evaluated by others, whereas individuals with generalized anxiety disorder worry, whether or not they are being evaluated.

Obsessive-compulsive disorder. Several features distinguish the excessive worry of generalized anxiety disorder from the obsessional thoughts of obsessive-compulsive disorder. In generalized anxiety disorder the focus of the worry is about forthcoming problems, and it is the excessiveness of the worry about future events that is abnormal. In obsessive-compulsive disorder, the obsessions are inappropriate ideas that take the form of intrusive and unwanted thoughts, urges, or images.

Posttraumatic stress disorder and adjustment disorders. Anxiety is invariably present in posttraumatic stress disorder. Generalized anxiety disorder is not diagnosed if the anxiety and worry are better explained by symptoms of posttraumatic stress disorder. Anxiety may also be present in adjustment disorder, but this residual category should be used only when the criteria are not met for any other disorder (including generalized anxiety disorder). Moreover, in adjustment disorders, the anxiety occurs in response to an identifiable stressor within 3 months of the onset of the stressor and does not persist for more than 6 months after the termination of the stressor or its consequences.

Depressive, bipolar, and psychotic disorders. Generalized anxiety/worry is a common associated feature of depressive, bipolar, and psychotic disorders and should not be di-

agnosed separately if the excessive worry has occurred only during the course of these conditions.

Comorbidity

Individuals whose presentation meets criteria for generalized anxiety disorder are likely to have met, or currently meet, criteria for other anxiety and unipolar depressive disorders. The neuroticism or emotional liability that underpins this pattern of comorbidity is associated with temperamental antecedents and genetic and environmental risk factors shared between these disorders, although independent pathways are also possible. Comorbidity with substance use, conduct, psychotic, neurodevelopmental, and neurocognitive disorders is less common.

Substance/Medication-Induced Anxiety Disorder

Diagnostic Criteria

A. Panic attacks or anxiety is predominant in the clinical picture.

B. There is evidence from the history, physical examination, or laboratory findings of both (1) and (2):

   1. The symptoms in Criterion A developed during or soon after substance intoxication or withdrawal or after exposure to a medication.
   2. The involved substance/medication is capable of producing the symptoms in Criterion A.

C. The disturbance is not better explained by an anxiety disorder that is not substance/medication-induced. Such evidence of an independent anxiety disorder could include the following:

   The symptoms precede the onset of the substance/medication use; the symptoms persist for a substantial period of time (e.g., about 1 month) after the cessation of acute withdrawal or severe intoxication; or there is other evidence suggesting the existence of an independent non-substance/medication-induced anxiety disorder (e.g., a history of recurrent non-substance/medication-related episodes).

D. The disturbance does not occur exclusively during the course of a delirium.

E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Note: This diagnosis should be made instead of a diagnosis of substance intoxication or substance withdrawal only when the symptoms in Criterion A predominate in the clinical picture and they are sufficiently severe to warrant clinical attention.

Coding note: The ICD-9-CM and ICD-10-CM codes for the [specific substance/medication]-induced anxiety disorders are indicated in the table below. Note that the ICD-10-CM code depends on whether or not there is a comorbid substance use disorder present for the same class of substance. If a mild substance use disorder is comorbid with the substance-induced anxiety disorder, the 4th position character is "1," and the clinician should record "mild [substance] use disorder" before the substance-induced anxiety disorder (e.g., "mild cocaine use disorder with cocaine-induced anxiety disorder"). If a moderate or severe substance use disorder is comorbid with the substance-induced anxiety disorder, the 4th position character is "2," and the clinician should record "moderate [substance] use disorder" or "severe [substance] use disorder," depending on the severity of the comorbid substance use disorder. If there is no comorbid substance use disorder (e.g., after a one-

CABINET FOR HEALTH AND FAMILY SERVICES
Commonwealth of Kentucky
275 East Main Street
Frankfort, KY 40621-0001
Drug Enforcement Branch - KASPER
Patient Controlled Substance Report
Between 03/18/2013 and 03/18/2014

Requestor Name : DAVID, MIRIAM
Request # : 11603198

Patient Name: KITCHENS, MARKUS

08/05/2013	Amphetamine/Dextroampheta 5MG/5MG/5MG/5	01/26/1982	30	30	David, Miriam	Berea	Knight'S Pharmacy	Berea	KY
09/09/2013	Amphetamine/Dextroampheta 5MG/5MG/5MG/5	01/26/1982	30	30	David, Miriam	Berea	Knight'S Pharmacy	Berea	KY

MD 3.20.14

** The information in this report is based upon Schedule II through V controlled substance records reported by dispensers and unedited by the KASPER staff.*
** There may be a delay in the appearance of data on the reports due to dispenser reporting and KASPER data-loading cycles.*
** Please contact the Drug Enforcement and Professional Practices Branch at 502-564-2815 if you become aware of any dispenser not submitting data, or submitting inaccurate data to the KASPER system.*
**The information in this report is intended for informational use only by the person authorized to request the report. Intentional disclosure of the report or data to someone not authorized under KRS 218A.202 to obtain the data is a Class B Misdemeanor.*
** The records listed in the report are based on the patient identification information provided by the report requestor, and if not sufficiently unique may result in the report containing records for multiple patients. Please verify the information in the report by contacting the prescribers and/or dispensers listed.*
**If there are erroneous controlled substance records on this report the patient or provider should contact the dispenser to determine if the information was reported accurately. If the dispenser certifies that the information was reported accurately, the patient or provider can contact the Drug Enforcement and Professional Practices Branch at 502-564-7985 to investigate the error.*

3/20/2014 **Confidential Report - A practitioner or pharmacist may place this report in the patient's medical record, with the report then being deemed a medical record subject to the same terms and conditions as an ordinary medical record.**

EXHIBIT
PX50
exhibitsticker.com

CABINET FOR HEALTH AND FAMILY SERVICES
Commonwealth of Kentucky
275 East Main Street
Frankfort, KY 40621-0001
Drug Enforcement Branch - KASPER

Patient Controlled Substance Report

Between [redacted] and [redacted]

Requestor Name : DAVID, MIRIAM
Request # : 12874563

Patient Name: KITCHENS, MARKUS

08/05/2013	Amphetamine/Dextroampheta 5MG/5MG/5MG/5MG	01/26/1992	30	30	David, Miriam	Berea	Knight'S Pharmacy	Berea	KY
09/09/2013	Amphetamine/Dextroampheta 5MG/5MG/5MG/5MG	01/26/1992	30	30	David, Miriam	Berea	Knight'S Pharmacy	Berea	KY
03/31/2014	Amphetamine/Dextroampheta 5MG/5MG/5MG/5MG	01/26/1992	30	30	David, Miriam	Berea	Knight'S Pharmacy	Berea	KY

MD 6.19.14

EXHIBIT
PX51
exhibitsticker.com

*The information in this report is based upon Schedule II through V controlled substance records reported by dispensers. Data should appear on KASPER reports within two to three business days after dispensing.
*The records listed in the report are based on the patient identification information entered by the report requestor, and if not sufficiently unique may result in the report including records for multiple patients. Please verify the information in the report by contacting the prescribers and/or dispensers listed.
*If the controlled substance records on this report appear to be in error, the patient or provider should contact the dispenser to determine if the information was reported accurately. If the dispenser certifies the information was reported accurately, the patient can contact the Drug Enforcement and Professional Practices Branch at 502-564-7985 to investigate the error.
*The information in this report is intended for informational use only by the person authorized to request the report. Intentional disclosure of the report or data to someone not authorized to obtain the data is a Class B Misdemeanor.

06/19/2014

Report Restrictions – A practitioner or pharmacist may share the report with the patient or person authorized to act on the patient's behalf and place the report in the patient's medical record, with the report then being deemed a medical record subject to the same disclosure terms and conditions as an ordinary medical record. (KRS 218A.202)

SUBJECT EXAMINATION PROGRAM

COMPREHENSIVE BASIC SCIENCE EXAMINATION

SCORE REPORT

NBME℠

ID: 53191
Name: KITCHENS Markcus Zwanz
759060 - Medical University of Lublin

Test Date: December 10, 2020

YOUR PERFORMANCE

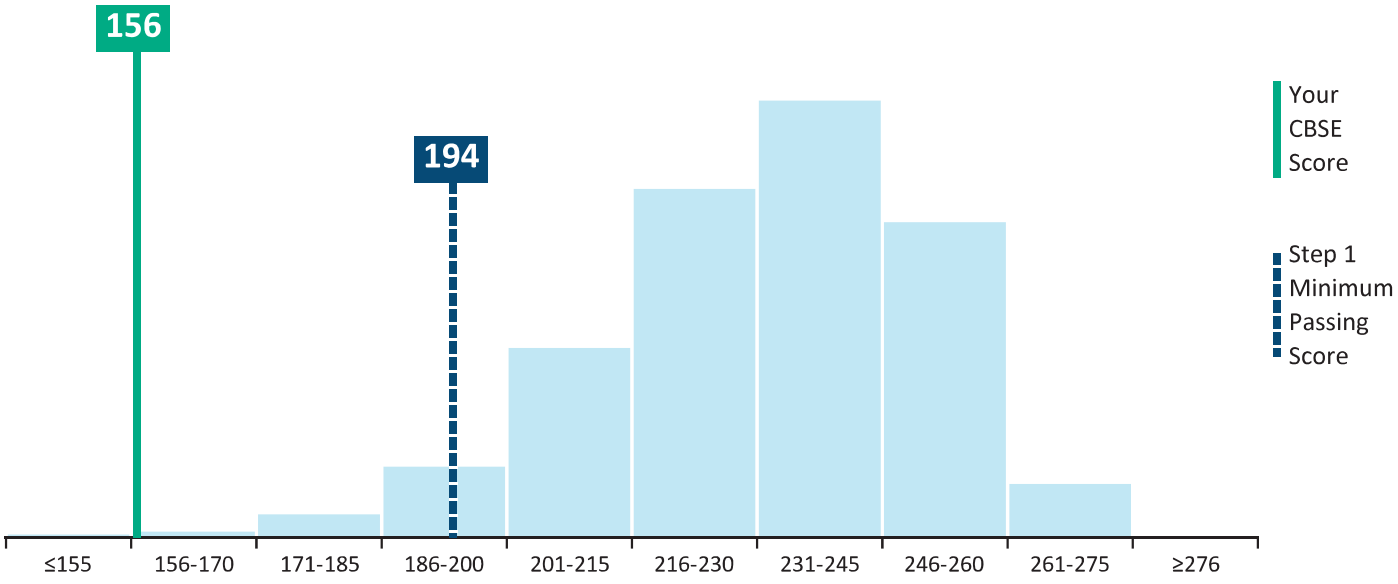
Your CBSE Score

156

Because the Comprehensive Basic Science Examination (CBSE) and the United States Medical Licensing Examination® (USMLE®) Step 1 cover very similar content, CBSE performance can be used in conjunction with other information to assess readiness for Step 1. Your CBSE score represents an estimate of your performance on Step 1 if you had taken both exams under the same conditions and with the same level of knowledge. Estimated performance based on taking CBSE is not a guarantee of your future performance on Step 1. Many factors, including changing levels of knowledge and testing conditions, may result in a Step 1 score that is higher or lower than your estimated score.

YOUR PERFORMANCE COMPARED TO OTHER EXAMINEES

The chart below represents the distribution of Step 1 scores for examinees from US and Canadian medical schools taking Step 1 for the first time between January 1, 2018 and December 31, 2018. Reported scores range from 1-300 with a mean of 231 and a standard deviation of 20.



If you tested repeatedly under the same conditions on a different set of items covering the same content, without learning or forgetting, your CBSE score would fall within one standard error of the estimate (SEE) of your current score two-thirds of the time. The SEE on this exam is 8 points.

Your CBSE score +/- SEE: 148 – 164

EXHIBIT
PX52
exhibitsticker.com

PX0231

NBME000210

SUBJECT EXAMINATION PROGRAM

COMPREHENSIVE BASIC SCIENCE EXAMINATION

SCORE REPORT

NBME℠

ID: 53191
Name: KITCHENS Markcus Zwanz
759060 - Medical University of Lublin

Test Date: December 10, 2020

YOUR RELATIVE STRENGTHS AND WEAKNESSES

The boxes below indicate areas of relatively lower or higher performance in each content area within the CBSE examination. The percentage range of items in each content area on the CBSE examination is indicated below. This information can be used to identify areas of strength and weakness to guide future study. Because the exam is highly integrative, NBME® recommends reviewing all content areas if retaking the test.

Strengths and Weaknesses Relative to Your Overall Performance on This Exam

A GREEN box in the "Higher" column indicates that your performance in that area was higher than your overall CBSE performance shown on page 1. A GREEN box in the "Same" column indicates that your performance in that area was similar to or the same as your overall CBSE performance. A GREEN box in the "Lower" column indicates that your performance in that area was lower than your overall CBSE performance.

Strengths and Weaknesses Relative to a Step 1 Comparison Group

A BLUE box in the "Higher" column indicates that your performance in that area was higher than the average performance of recent examinees from US and Canadian medical schools taking Step 1 for the first time (the same comparison group shown on page 1). A BLUE box in the "Average" column indicates that your performance in that area was average relative to the performance of the comparison group. A BLUE box in the "Lower" column indicates that your performance in that area was lower than the average performance of the comparison group.

Performance by Physician Task	(% Items Per Test)	Lower, Same, Higher than Your Overall Performance			Lower, Average, Higher than Comparison Group		
		Lo	S	Hi	Lo	Av	Hi
Applying Foundational Science Concepts	(52 - 62%)		■		■		
Diagnosis	(20 - 31%)		■		■		
Management	(7 - 12%)		■		■		

SUBJECT EXAMINATION PROGRAM

COMPREHENSIVE BASIC SCIENCE EXAMINATION

SCORE REPORT

NBME℠

ID: 53191
Name: KITCHENS Markcus Zwanz
759060 - Medical University of Lublin

Test Date: December 10, 2020

Performance by System	(% Items Per Test)	Lower, Same, Higher than Your Overall Performance: Lo	S	Hi	Lower, Average, Higher than Comparison Group: Lo	Av	Hi
General Principles	(13 - 19%)		■		■		
Behavioral Health and Nervous Systems/Special Senses	(9 - 13%)		■		■		
Reproductive & Endocrine Systems	(9 - 13%)		■		■		
Respiratory and Renal/Urinary Systems	(9 - 13%)			■	■		
Blood & Lymphoreticular and Immune Systems	(7 - 11%)		■		■		
Multisystem Processes & Disorders	(7 - 11%)		■		■		
Cardiovascular System	(6 - 10%)	■			■		
Musculoskeletal, Skin, & Subcutaneous Tissue	(6 - 10%)		■		■		
Gastrointestinal System	(5 - 9%)		■		■		
Biostatistics & Epidemiology/Population Health	(5 - 7%)		■		■		

Performance by Discipline	(% Items Per Test)	Lower, Same, Higher than Your Overall Performance: Lo	S	Hi	Lower, Average, Higher than Comparison Group: Lo	Av	Hi
Pathology	(45 - 58%)		■		■		
Physiology	(26 - 34%)		■		■		
Pharmacology	(16 - 23%)		■		■		
Microbiology & Immunology	(15 - 22%)		■		■		
Biochemistry and Nutrition	(9 - 16%)		■		■		
Gross Anatomy & Embryology	(8 - 15%)		■		■		
Histology & Cell Biology	(9 - 13%)		■		■		
Behavioral Sciences	(8 - 12%)			■	■		

SUBJECT EXAMINATION PROGRAM

COMPREHENSIVE BASIC SCIENCE EXAMINATION

SCORE REPORT

SUPPLEMENTAL INFORMATION: UNDERSTANDING THE CONTENT AREAS

The information below is a visual representation of the content weighting on this examination that may be informative in guiding remediation. Descriptions of the topics covered in these content areas, as well as other topics covered on Step 1, can be found in the information materials on the USMLE website (https://www.usmle.org). Please contact the Subject Examination team at subjectexams@nbme.org if you have additional questions.

Physician Task	(% Items Per Test)
Applying Foundational Science Concepts	(52 - 62%)
Diagnosis	(20 - 31%)
Management	(7 - 12%)

System	(% Items Per Test)
General Principles	(13 - 19%)
Behavioral Health and Nervous Systems/Special Senses	(9 - 13%)
Reproductive & Endocrine Systems	(9 - 13%)
Respiratory and Renal/Urinary Systems	(9 - 13%)
Blood & Lymphoreticular and Immune Systems	(7 - 11%)
Multisystem Processes & Disorders	(7 - 11%)
Cardiovascular System	(6 - 10%)
Musculoskeletal, Skin, & Subcutaneous Tissue	(6 - 10%)
Gastrointestinal System	(5 - 9%)
Biostatistics & Epidemiology/Population Health	(5 - 7%)

Discipline	(% Items Per Test)
Pathology	(45 - 58%)
Physiology	(26 - 34%)
Pharmacology	(16 - 23%)
Microbiology & Immunology	(15 - 22%)
Biochemistry and Nutrition	(9 - 16%)
Gross Anatomy & Embryology	(8 - 15%)
Histology & Cell Biology	(9 - 13%)
Behavioral Sciences	(8 - 12%)

National Board of Medical Examiners®

NBME®

Comprehensive Basic Science Self-Assessment (CBSSA) Score Report

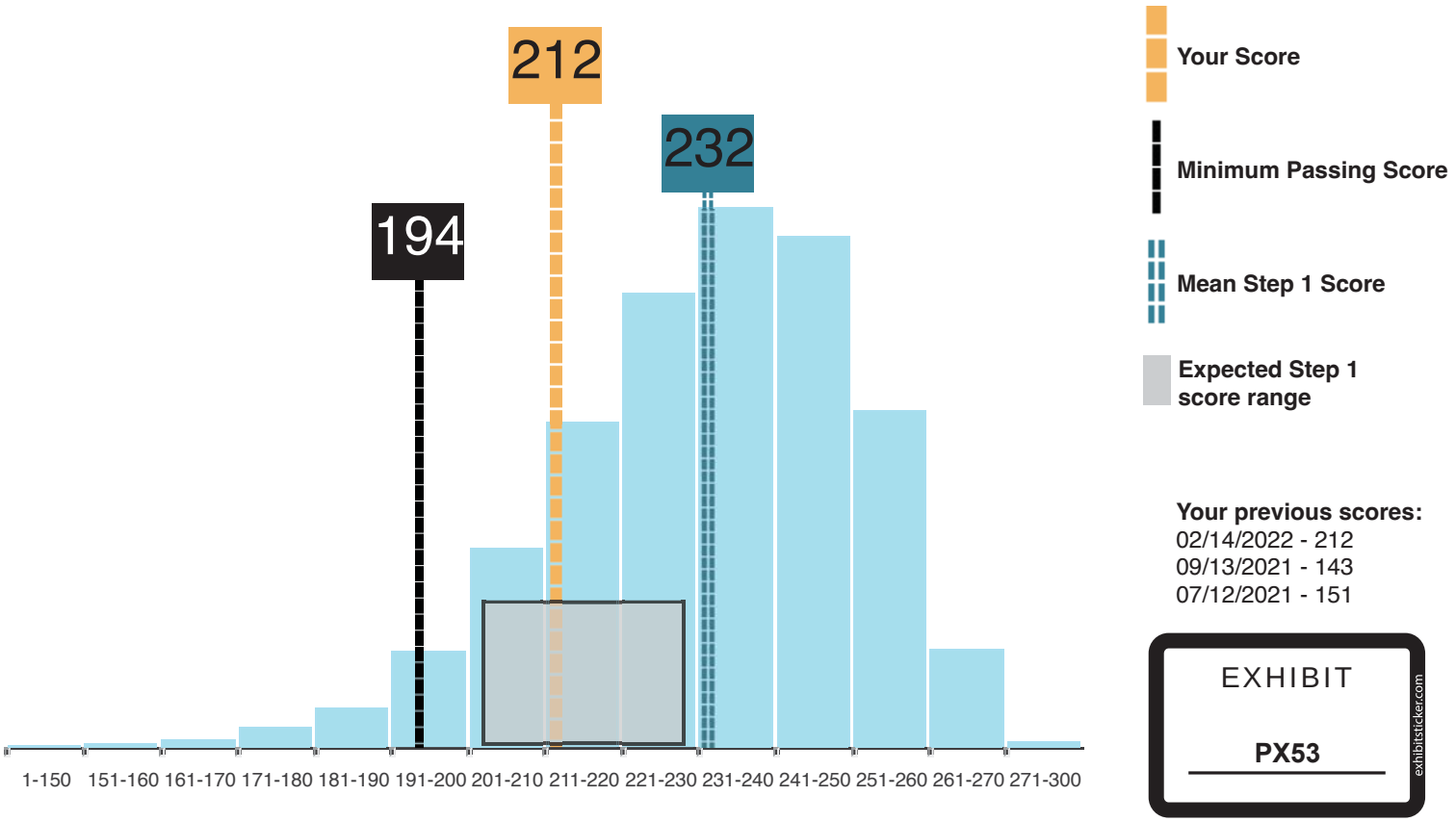
NAME: Kitchens, Markcus Zwanz **TEST DATE:** 2/14/2022

Your Performance

Assessment Score: 212

Your Performance Compared to Step 1 Examinees

The chart below represents the distribution of scores for recent examinees from US and Canadian medical schools taking Step 1 for the first time. Reported Step 1 scores range from 1-300 with a mean of 232 and a standard deviation of 19.



Because the Comprehensive Basic Science Self-Assessment (CBSSA) and United States Medical Licensing Examination® (USMLE®) Step 1 cover very similar content, CBSSA performance can be used in conjunction with other information to assess readiness for Step 1. Your CBSSA score represents an estimate of your performance on the USMLE Step 1 if you had taken both exams under the same conditions and with the same level of knowledge. Estimated performance based on taking CBSSA is not a guarantee of your future performance on Step 1. Many factors, including changing levels of knowledge and testing

conditions, may result in a Step 1 score that is higher or lower than your estimated score.

We anticipate that your actual performance on Step 1 will fall in the range from **202-228** about two-thirds of the time. This range is based on students who took CBSSA within one week before taking Step 1.

Longitudinal performance is provided for exams purchased on or after March 24, 2021. The test dates listed within this score report reflect the exam's completion date.

A PDF version of your score report will be available within 4 hours of completing your exam. There may be longer delays during maintenance periods. To review your score before then, log in to MyNBME, click on the registration ID associated with this assessment, then click Review Your Results Interactively.

National Board of Medical Examiners®

NBME® Comprehensive Basic Science Self-Assessment (CBSSA) Score Report

NAME: Kitchens, Markcus Zwanz **TEST DATE:** 2/14/2022

Your Strengths and Weaknesses

The boxes below indicate areas of relatively lower or higher performance in each content area within this examination. The percentage range of items in each content area on CBSSA is indicated below. This information can be used to identify areas of strength and weakness to guide future study. Because the exam is highly integrative, NBME recommends reviewing all content areas if retaking the test.

Strengths and Weaknesses Relative to Your Overall Performance on this exam: An orange box in the "Higher" column indicates that your performance in that area was higher than your overall examination performance shown on page 1. An orange box in the "Same" column indicates that your performance in that area was similar to or the same as your overall examination performance. An orange box in the "Lower" column indicates that your performance in that area was lower than your overall examination performance.

Strengths and Weaknesses Relative to a Step 1 Comparison Group: A blue box in the "Higher" column indicates that your performance in that area was higher than the average performance of recent examinees from US and Canadian medical schools taking Step 1 for the first time (comparison group). A blue box in the "Average" column indicates that your performance in that area was average relative to the performance of the comparison group. A blue box in the "Lower" column indicates that your performance in that area was lower than the average performance of the comparison group.

Performance by Physician Task

(% Items Per Test)		Lower, Same, Higher than Your Overall Performance			Lower, Average, Higher than Comparison Group		
		Lo	S	Hi	Lo	Av	Hi
MK: Applying Foundational Science Concepts	(68-75%)		■		■		
PC: Diagnosis	(18-25%)		■			■	
PBLI: Evidence-Based Medicine	(6-6%)		■		■		

PX0237

National Board of Medical Examiners®

NBME® Comprehensive Basic Science Self-Assessment (CBSSA) Score Report

NAME: Kitchens, Markcus Zwanz **TEST DATE:** 2/14/2022

Performance by System

	(% Items Per Test)	Lower, Same, Higher than Your Overall Performance			Lower, Average, Higher than Comparison Group		
		Lo	S	Hi	Lo	Av	Hi
General Principles	(14-14%)						
Reproductive & Endocrine Systems	(13-13%)						
Behavioral Health & Nervous Systems/Special Senses	(11-12%)						
Respiratory and Renal/Urinary Systems	(12-12%)						
Blood & Lymphoreticular and Immune Systems	(10-10%)						
Multisystem Processes & Disorders	(9-9%)						
Musculoskeletal, Skin, & Subcutaneous Tissue	(9-9%)						
Cardiovascular System	(8-8%)						
Gastrointestinal System	(7-7%)						
Biostatistics & Epidemiology/Population Health	(6-6%)						

PX0238

National Board of Medical Examiners®

NBME® Comprehensive Basic Science Self-Assessment (CBSSA) Score Report

NAME: Kitchens, Markcus Zwanz **TEST DATE:** 2/14/2022

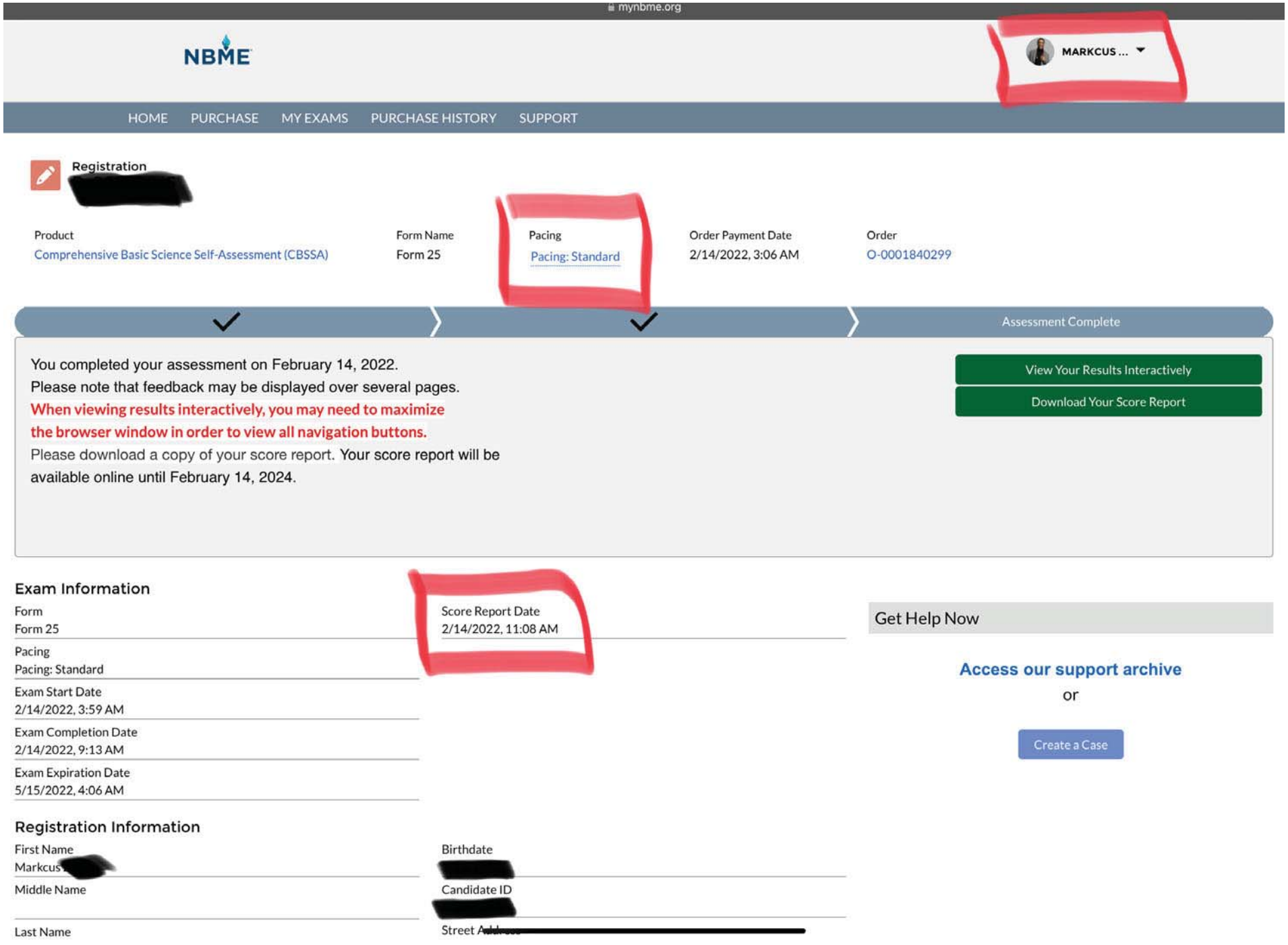
Performance by Discipline

	(% Items Per Test)	Lower, Same, Higher than Your Overall Performance			Lower, Average, Higher than Comparison Group		
		Lo	S	Hi	Lo	Av	Hi
Pathology	(46-49%)						
Physiology	(27-31%)						
Pharmacology	(17-18%)						
Biochemistry & Nutrition	(14-18%)						
Microbiology	(13-14%)						
Gross Anatomy & Embryology	(12-14%)						
Histology & Cell Biology	(9-12%)						
Behavioral Sciences	(8-9%)						
Genetics	(6-6%)						

To review the answer key, log in to MyNBME, click on the registration ID associated with this assessment, then click Review Your Results Interactively.

PX0239

PX0240



PX0241

NBME® SELF-ASSESSMENTS

COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT

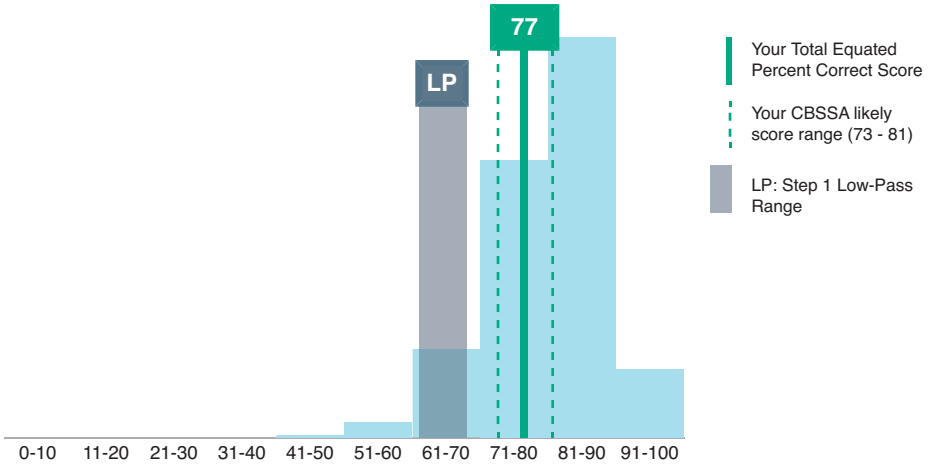
EXAMINEE PERFORMANCE REPORT

Name: Kitchens, Markcus Zwanz Test Date: 3/21/2022

Total Equated Percent Correct Score: 77%

The chart below represents the performance of a 2020 national cohort of students from LCME-accredited medical schools. Your total equated percent correct (EPC) score on this CBSSA exam is shown along with a range that corresponds to low passing performance (above but near the minimum passing score) on the United States Medical Licensing Examination® (USMLE®) Step 1.

Based on your performance on this CBSSA, your estimated probability of passing Step 1 if you test within a week is 99%.

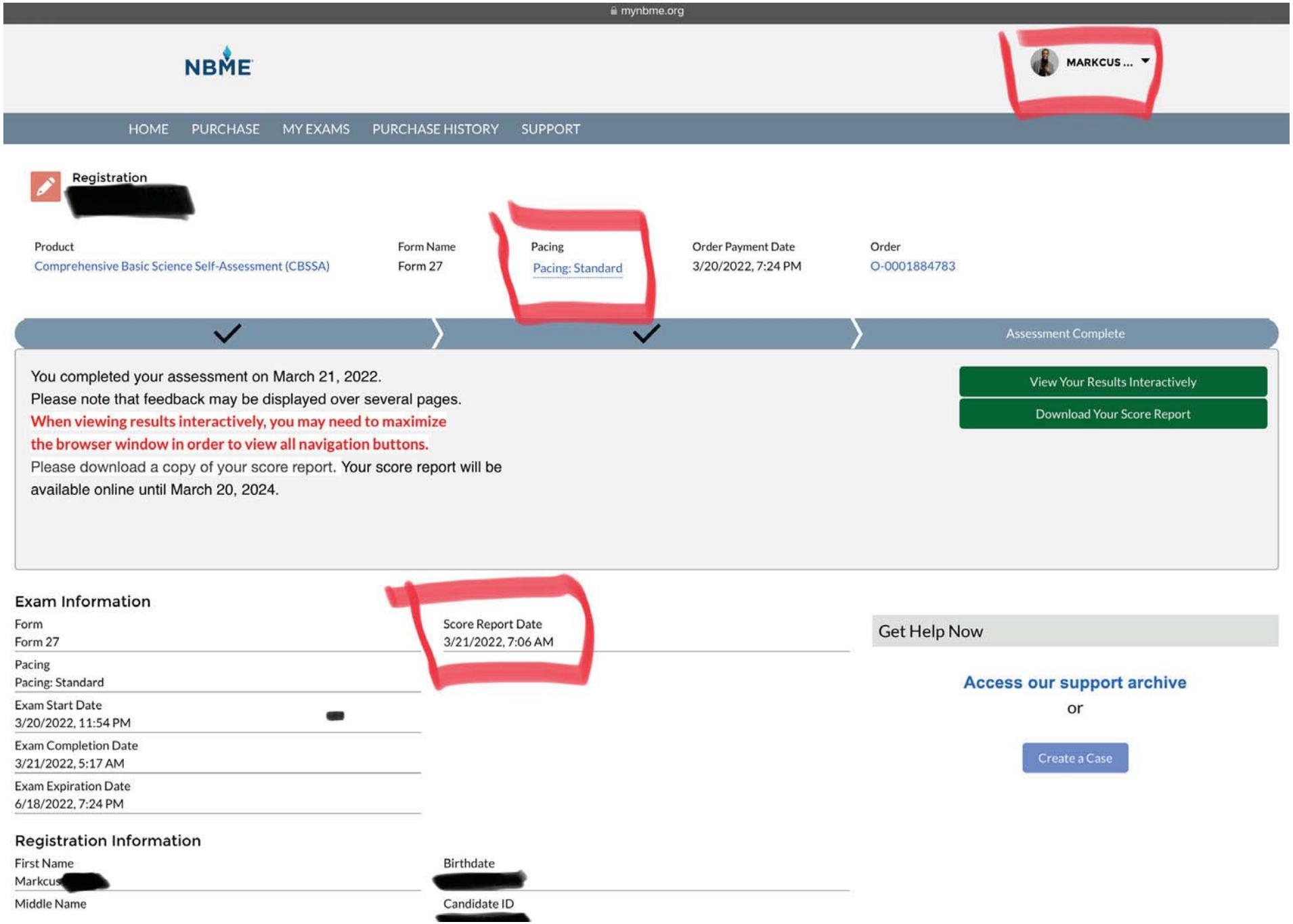


Interpreting Your Overall Results:

- **Readiness for Step 1:** Since CBSSA and Step 1 cover very similar content, CBSSA performance can be used in conjunction

Next Help

EXHIBIT
PX54
exhibitsticker.com



PX0243

NBME® SELF-ASSESSMENTS

COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT

EXAMINEE PERFORMANCE REPORT

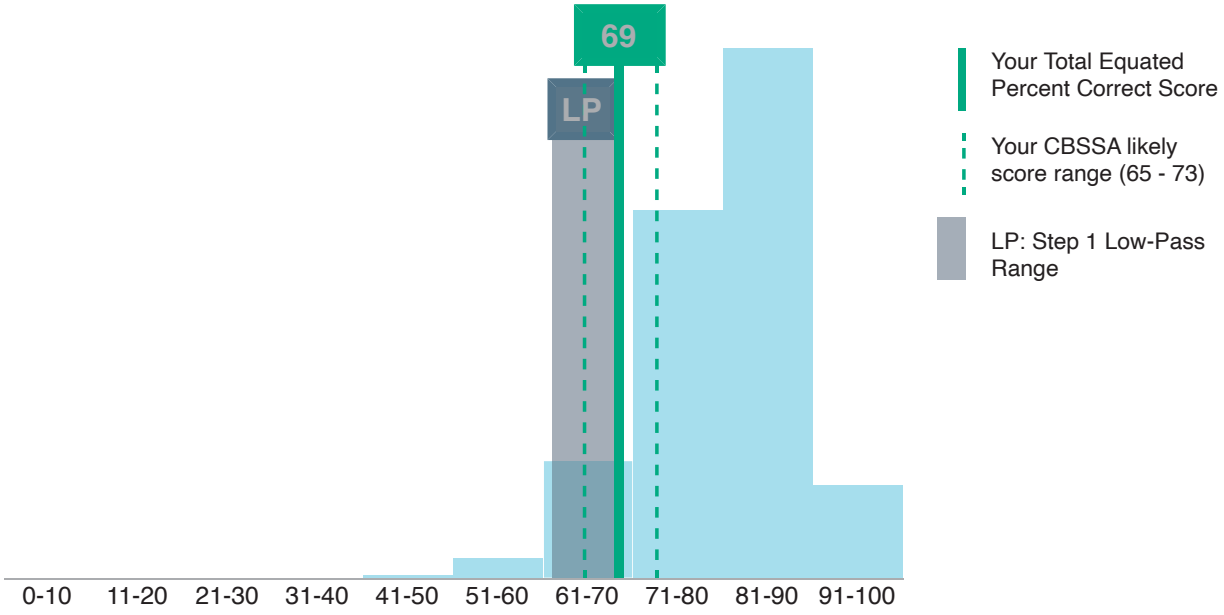
Name: Kitchens, Markcus Zwanz

Test Date: 4/1/2022

Total Equated Percent Correct Score: 69%

The chart below represents the performance of a 2020 national cohort of students from LCME-accredited medical schools. Your total equated percent correct (EPC) score on this CBSSA exam is shown along with a range that corresponds to low passing performance (above but near the minimum passing score) on the United States Medical Licensing Examination® (USMLE®) Step 1.

Based on your performance on this CBSSA, your estimated probability of passing Step 1 if you test within a week is 97%.



Interpreting Your Overall Results:

- **Readiness for Step 1:** Since CBSSA and Step 1 cover very similar content, CBSSA performance can be used in conjunction with other information to assess readiness for Step 1.
- **Your CBSSA equated percent correct score** represents the percentage of the content that you have mastered. It has been statistically adjusted to account for slight variations in exam form difficulty and may be slightly lower or higher than the actual percentage of questions you answered correctly on this specific form.
- **Your estimated probability of passing Step 1** can range from 1 to 99% and is calculated using a statistical model based on examinees who tested within one week of taking Step 1 for the first time. If you tested more than a week before you are scheduled to take it, your estimated probability may be different.
- **Many factors (e.g., changing levels of knowledge) may impact your performance on Step 1,** so your estimated probability is not a guarantee of your future Step 1 performance.
- **Your likely score range** indicates how much your score could change if you tested again without learning or forgetting. Under those conditions, your CBSSA score would fall within 4 points of your current score two-thirds of the time.
- **A PDF version of your report** is typically available within 4 hours. To review your score before then, log in to MyNBME, click on the registration ID associated with this assessment, then click Review Your Results Interactively.

NBME® SELF-ASSESSMENTS

COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT

NBME

EXAMINEE PERFORMANCE REPORT

Name: Kitchens, Markcus Zwanz Test Date: 4/1/2022

Interpreting Your Content Area Results:

- **Your equated percent correct (EPC) scores** indicate the percentage of the content that you have mastered. EPC scores may be slighty lower or higher than the actual percentage of questions you answered correctly on this specific exam form because they are statistically adjusted to account for slight variations in exam form difficulty.
- **The comparison group average EPC score** represents the estimated performance of the 2020 cohort of Step 1 first-takers from LCME-accredited medical schools on CBSSA.
- **The green boxes** indicate whether your performance was statistically lower, about the same, or statistically higher than the performance of the comparison group after taking into account the precision of each content area score. Content area EPC scores are less precise than total test EPC scores, so small differences in content area scores should not be overinterpreted.
- **You may use this report to identify areas of strength and weakness**. Keep in mind that some content areas are more difficult than others, and some comprise larger portions of the exam.
- **The percentage of questions contributing to each content area** stays in the same range as shown in the column labeled % of Items across CBSSA, CBSE (Comprehensive Basic Science Examination), and Step 1 exam forms. The percentages may not add up to 100%.

	Your EPC Score	Comparison Group Average EPC Score	Score Comparison: Lower Same Higher	% of Items
Performance by Physician Task				
MK: Applying Foundational Science Concepts	**64**	79		60-70%
PC: Diagnosis	**82**	83		20-25%
PBLI: Evidence-Based Medicine	**67**	80		4-6%

NBME® SELF-ASSESSMENTS

COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT

EXAMINEE PERFORMANCE REPORT

PX0246

Name: Kitchens, Markcus Zwanz Test Date: 4/1/2022

	Your EPC Score	Comparison Group Average EPC Score	Score Comparison: Lower Same Higher	% of Items
Performance by System				
General Principles	**54**	78		12-16%
Behavioral Health & Nervous Systems/Special Senses	**78**	80		9-13%
Reproductive & Endocrine Systems	**62**	81		9-13%
Respiratory and Renal/Urinary Systems	**69**	79		9-13%
Blood & Lymphoreticular and Immune Systems	**77**	81		7-11%
Multisystem Processes & Disorders	**74**	82		6-10%
Musculoskeletal, Skin, & Subcutaneous Tissue	**85**	82		6-10%
Cardiovascular System	**54**	79		5-9%
Gastrointestinal System	**67**	80		5-9%
Biostatistics & Epidemiology/Population Health	**67**	80		4-6%

NBME® SELF-ASSESSMENTS

COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT

EXAMINEE PERFORMANCE REPORT

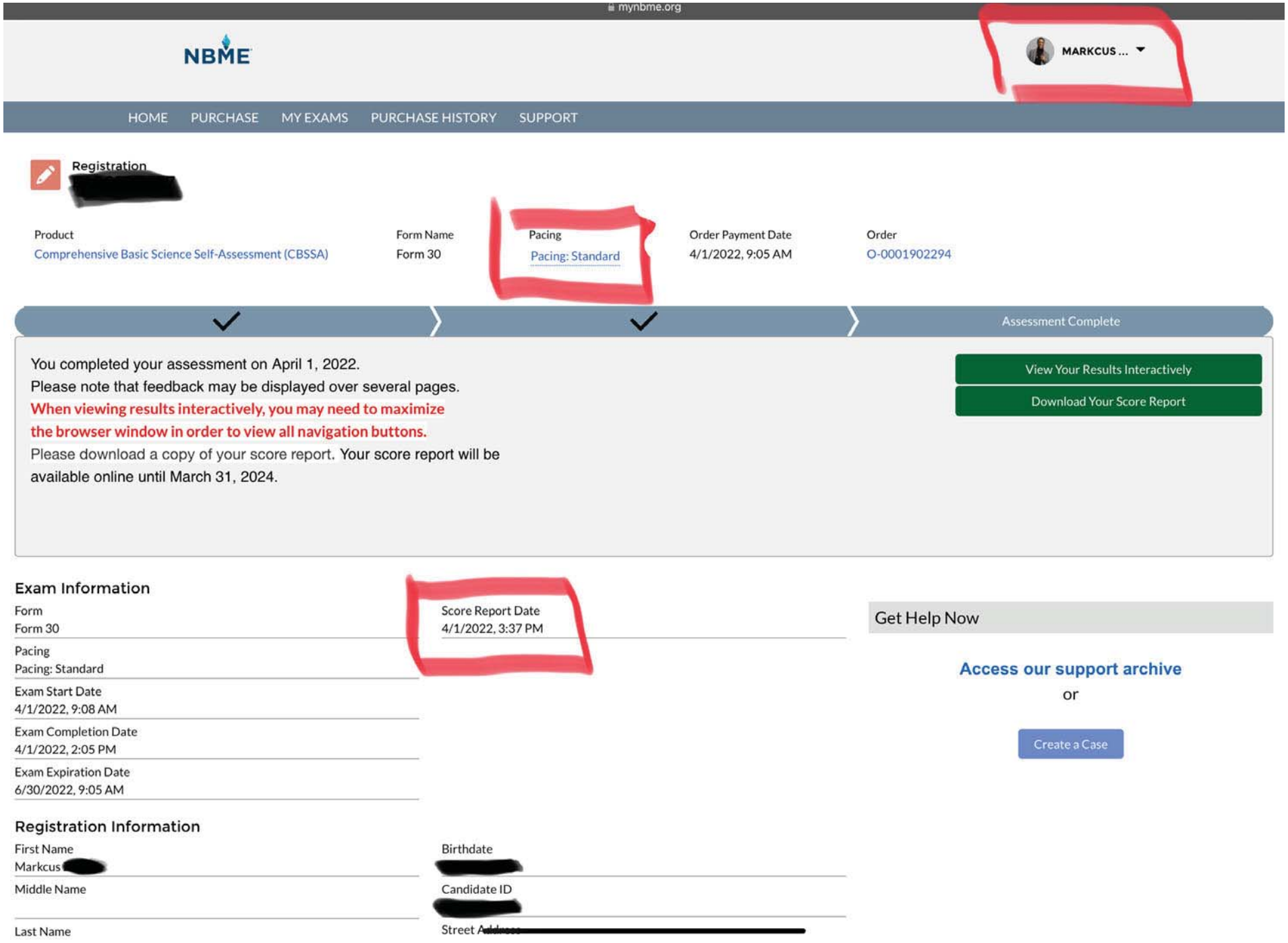
NBME

Name: Kitchens, Markcus Zwanz Test Date: 4/1/2022

PX0247

	Your EPC Score	Comparison Group Average EPC Score	Score Comparison: Lower Same Higher	% of Items
Performance by Discipline				
Pathology	**70**	81		44-52%
Physiology	**67**	80		25-35%
Microbiology & Immunology	**59**	81		16-26%
Biochemistry & Nutrition	**58**	81		14-24%
Pharmacology	**79**	83		15-22%
Gross Anatomy & Embryology	**76**	76		11-15%
Behavioral Sciences	**94**	87		8-13%
Histology & Cell Biology	**58**	78		8-13%
Genetics	**64**	80		5-9%

PX0248



PX0249

NBME® SELF-ASSESSMENTS

COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT (CBSSA)

EXAMINEE PERFORMANCE REPORT

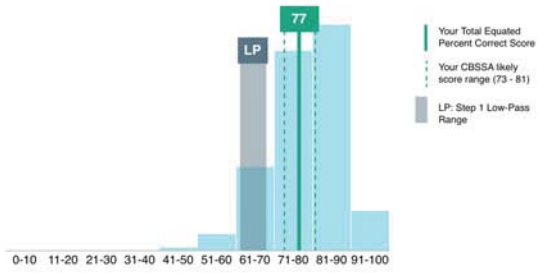
NBME

Name: Kitchens, Markcus Zwanz Test Date: 3/3/2023

Total Equated Percent Correct Score: 77%

The chart below represents the performance of a 2021 national cohort of students from LCME-accredited medical schools. Your total equated percent correct (EPC) score on this CBSSA exam is shown along with a range that corresponds to low passing performance (above but near the minimum passing score) on the United States Medical Licensing Examination® (USMLE®) Step 1.

Based on your performance on this CBSSA, your estimated probability of passing Step 1 if you test within a week is 99%.



Interpreting Your Overall Results:

- **Readiness for Step 1:** Since CBSSA and Step 1 cover very similar content, CBSSA performance can be used in conjunction with other information to assess readiness for Step 1.
- **Your CBSSA equated percent correct score** represents the percentage of the content that you have mastered. It has been statistically adjusted to account for slight variations in exam form difficulty and may be slightly lower or higher than the actual percentage of questions you answered correctly on this specific form.
- **Your estimated probability of passing Step 1** can range from 1 to 99% and is calculated using a statistical model based on examinees who tested within one week of taking Step 1 for the first time. If you tested more than a week before you are scheduled to take it, your estimated probability may be different.

Next Help

PX0250

EXHIBIT
PX56

Interpreting Your Overall Results:

- **Readiness for Step 1:** Since CBSSA and Step 1 cover very similar content, CBSSA performance can be used in conjunction with other information to assess readiness for Step 1.
- **Your CBSSA equated percent correct score** represents the percentage of the content that you have mastered. It has been statistically adjusted to account for slight variations in exam form difficulty and may be slightly lower or higher than the actual percentage of questions you answered correctly on this specific form.
- **Your estimated probability of passing Step 1** can range from 1 to 99% and is calculated using a statistical model based on examinees who tested within one week of taking Step 1 for the first time. If you tested more than a week before you are scheduled to take it, your estimated probability may be different.
- **Many factors (e.g., changing levels of knowledge) may impact your performance on Step 1,** so your estimated probability is not a guarantee of your future Step 1 performance.
- **Your likely score range** indicates how much your score could change if you tested again without learning or forgetting. Under those conditions, your CBSSA score would fall within 4 points of your current score two-thirds of the time.
- **A PDF version of your report** is typically available within 4 hours. To review your score before then, log in to MyNBME, click on the registration ID associated with this assessment, then click Review Your Results Interactively.

Interpreting Your Content Area Results:

- **Your equated percent correct (EPC) scores** indicate the percentage of the content that you have mastered. EPC scores may be slighty lower or higher than the actual percentage of questions you answered correctly on this specific exam form because they are statistically adjusted to account for slight variations in exam form difficulty.
- **The comparison group average EPC score** represents the estimated performance of the 2021 cohort of Step 1 first-takers from LCME-accredited medical schools on CBSSA.
- **The green boxes** indicate whether your performance was statistically lower, about the same, or statistically higher than the performance of the comparison group after taking into account the precision of each content area score. Content area EPC scores are less precise than total test EPC scores, so small differences in content area scores should not be overinterpreted.
- **You may use this report to identify areas of strength and weakness**. Keep in mind that some content areas are more difficult than others, and some comprise larger portions of the exam.
- **The percentage of questions contributing to each content area** stays in the same range as shown in the column labeled % of Items across CBSSA, CBSE (Comprehensive Basic Science Examination), and Step 1 exam forms. The percentages may not add up to 100%.

	Your EPC Score	Comparison Group Average EPC Score	Score Comparison: Lower Same Higher	% of Items
Performance by Physician Task				
Medical Knowledge: Applying Foundational Science Concepts	**71**	77	Lower	60-70%
Patient Care: Diagnosis	**89**	81	Higher	20-25%
Practice-based Learning and Improvement: Evidence-Based Medicine	**91**	80	Higher	4-6%

	Your EPC Score	Comparison Group Average EPC Score	Score Comparison: Lower Same Higher	% of Items
Performance by System				
General Principles	**71**	76	Higher	12-16%
Behavioral Health & Nervous Systems/Special Senses	**77**	78	Higher	9-13%
Reproductive & Endocrine Systems	**62**	79	Lower	9-13%

Next Help

PX0251

NBME® SELF-ASSESSMENTS

COMPREHENSIVE BASIC SCIENCE SELF-ASSESSMENT (CB

LONGITUDINAL REPORT

NBME

Name: Kitchens, Markcus Zwanz Test Date: 3/3/2023

This report summarizes your overall and content area longitudinal performance based on up to six previous Comprehensive Basic Science Self-Assessment (CBSSA) administrations purchased on or after February 23, 2022.

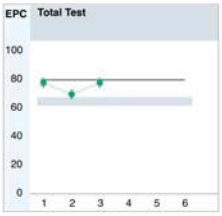
Your Overall Performance History

You may use the information below as a reminder of which CBSSA form(s) you have already taken, when, and your total equated percent correct (EPC) score(s). EPC scores indicate the percentage of the content that you have mastered. They are statistically adjusted to account for slight variations in exam form difficultly and may be slightly lower or higher that the actual percentage of questions you answered correctly on each specific exam form.

	Test Date	Form	Total EPC Score
1	03/21/2022	27	77
2	04/01/2022	30	69
3	03/03/2023	29	77

Your Overall Performance Longitudinal Graph

- The **green circles** represent your total EPC scores and the **green vertical lines** represent score precision, or how much your score could change if you tested again without learning or forgetting.
- The **black line** represents the average performance of Step 1 first-takers from LCME-accredited medical schools on CBSSA.
- The **shaded area** represents low passing performance (above but near the minimum passing score) on Step 1.
- When looking for patterns, consider the precision of scores. If the vertical lines for two scores overlap between administrations, your performance was not significantly different on those administrations.
- Please visit the CBSSA section of the NBME website for additional guidance.



Interpreting Content Area Performance Longitudinal Graphs

The content area performance longitudinal graphs can be interpreted like the overall performance longitudinal graph.

- The **green circles** represent your content area EPC scores and the **green vertical lines** represent score precision. Content

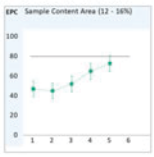
Previous Next Help

PX0252

Interpreting Content Area Performance Longitudinal Graphs

The content area performance longitudinal graphs can be interpreted like the overall performance longitudinal graph.

- The **green circles** represent your content area EPC scores and the **green vertical lines** represent score precision. Content areas that comprise larger portions of the exam are more precise.
- The **percentage of questions** contributing to each content area is shown in parentheses.
- The **black line** represents the average estimated performance of Step 1 first-takers from LCME-accredited medical schools on CBSSA. There is no passing standard for individual content areas.
- When looking for patterns, consider the precision of scores. If the vertical lines for two scores overlap between administrations, your performance was not significantly different on those administrations.



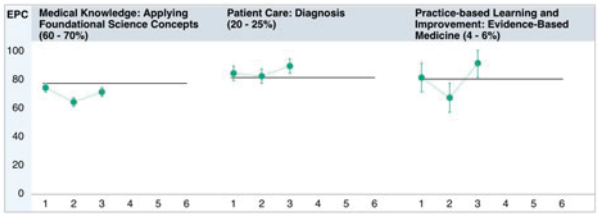
Sample Graph Interpretation

In the sample longitudinal graph to the left, there is overlap among the scores for attempts 1, 2, and 3; 3 and 4; as well as 4 and 5. Performance within those clusters was similar.

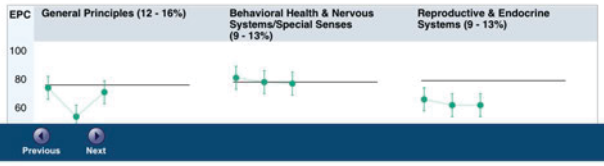
In turn, performance on attempt 4 was significantly higher compared to attempts 1 and 2 (no overlap), and performance on attempt 5 was significantly higher compared to attempts 1, 2, and 3 (again, no overlap).

Your Content Area Performance Longitudinal Graphs

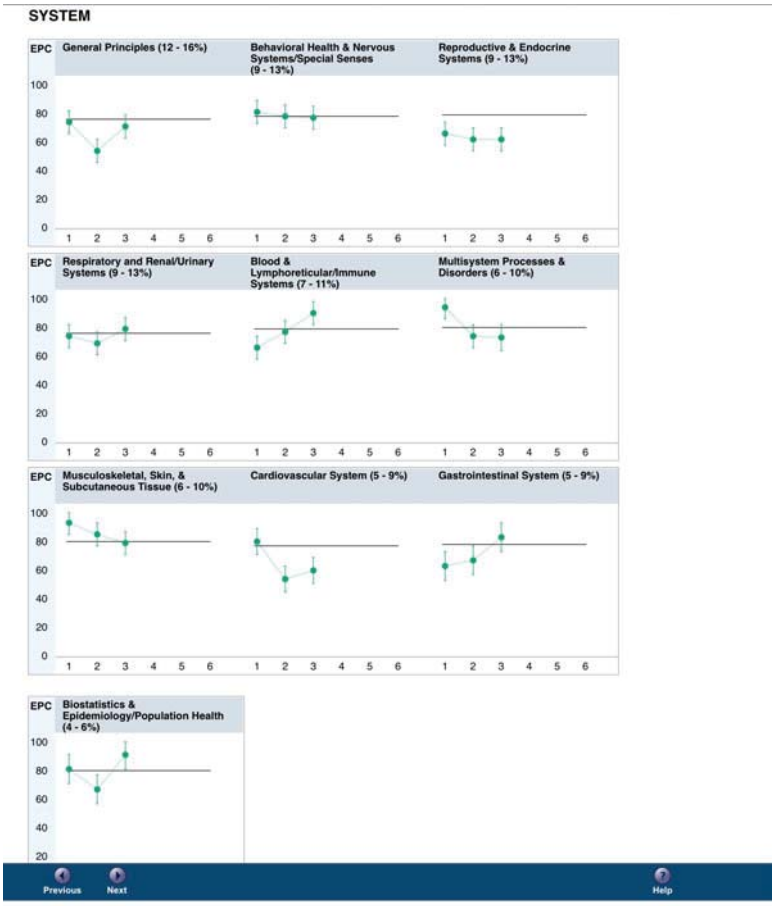
PHYSICIAN TASK



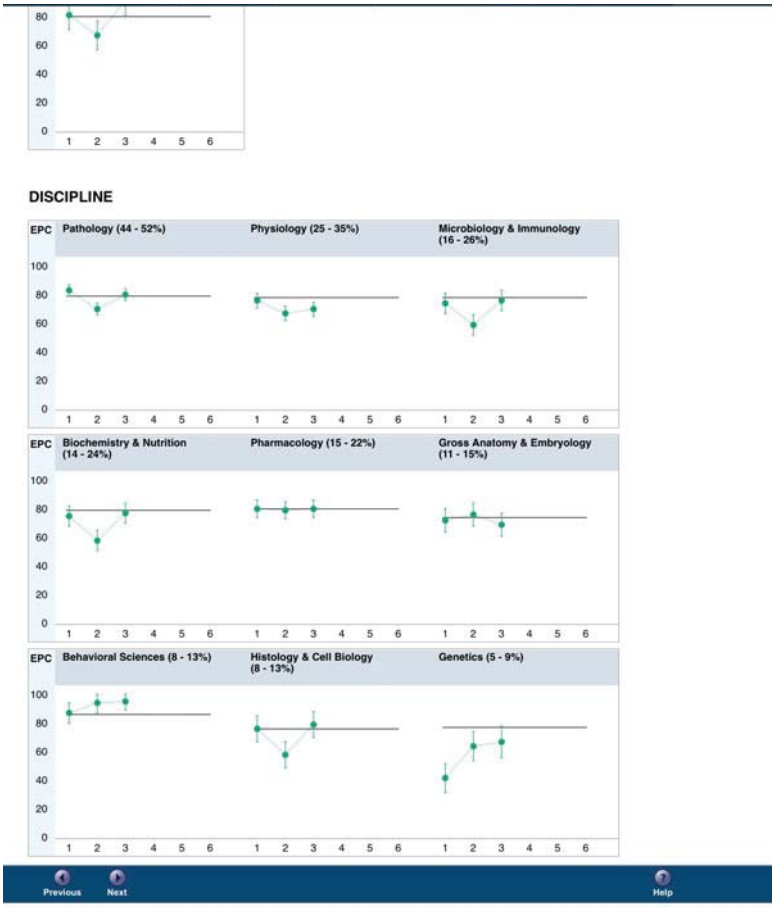
SYSTEM



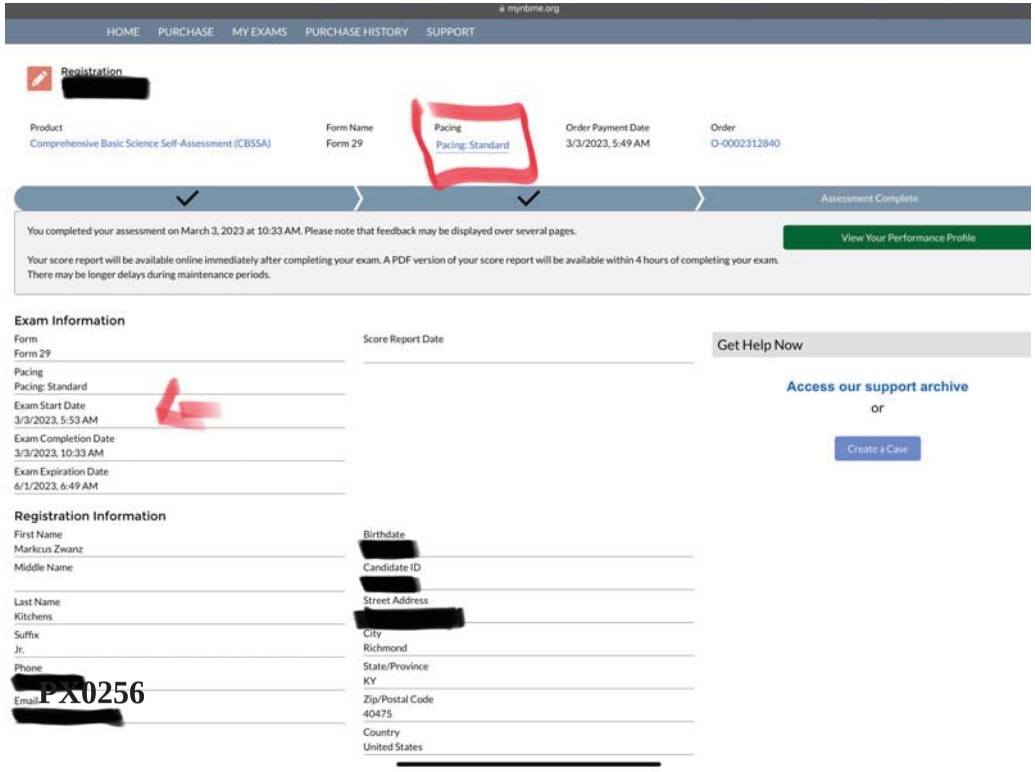
PX0253


SYSTEM
EPC
General Principles (12 - 16%)
Behavioral Health & Nervous Systems/Special Senses (9 - 13%)
Reproductive & Endocrine Systems (9 - 13%)
Respiratory and Renal/Urinary Systems (9 - 13%)
Blood & Lymphoreticular/Immune Systems (7 - 11%)
Multisystem Processes & Disorders (6 - 10%)
Musculoskeletal, Skin, & Subcutaneous Tissue (6 - 10%)
Cardiovascular System (5 - 9%)
Gastrointestinal System (5 - 9%)
Biostatistics & Epidemiology/Population Health (4 - 6%)
100
80
60
40
20
0
1 2 3 4 5 6
Previous
Next
Help

PX0254


DISCIPLINE
EPC
Pathology (44 - 52%)
Physiology (25 - 35%)
Microbiology & Immunology (16 - 26%)
Biochemistry & Nutrition (14 - 24%)
Pharmacology (15 - 22%)
Gross Anatomy & Embryology (11 - 15%)
Behavioral Sciences (8 - 13%)
Histology & Cell Biology (8 - 13%)
Genetics (5 - 9%)
Previous
Next
Help

PX0255



PX0256

Northwestern Medicine

April 22, 2020

Markcus Kitchens
806 Fotis Dr.
Apt #1
Dekalb IL 60115

To whom it may concern ;

This is to certify that Marcus kitchens is my patient, he has significant anxiety and is under my treatment. I will suggest exam coordinators to provide him some relaxation allowed in the rules so that it will be easier on him to undergo the exam.

If you have any questions please do not hesitate to call me

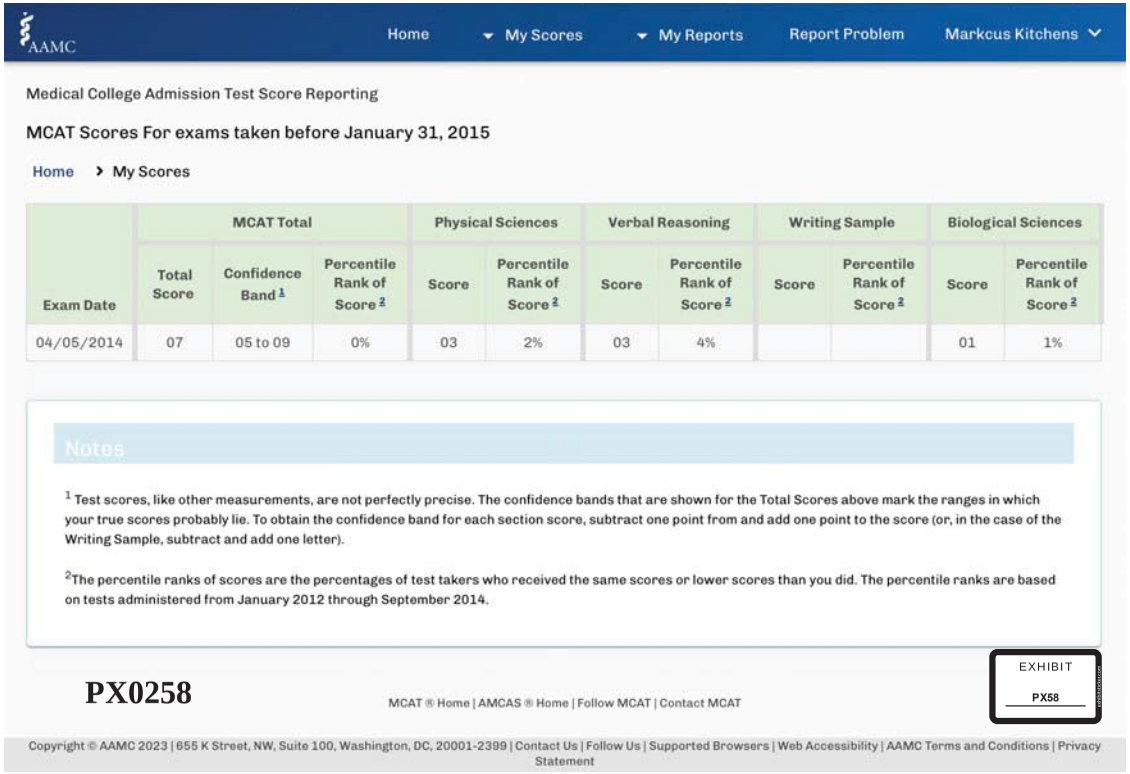
Thank you for including us as members of your health care team.

Sincerely,

Ghori S. Khan, MD

1850 GATEWAY DRIVE
SYCAMORE IL 60178-3192
Phone: 815-758-8671
Fax: 815-756-4892

EXHIBIT
PX57



AAMC

Home | My Scores | My Reports | Report Problem | Markcus Kitchens

Medical College Admission Test Score Reporting

MCAT Scores For exams taken before January 31, 2015

Home > My Scores

Exam Date	MCAT Total			Physical Sciences		Verbal Reasoning		Writing Sample		Biological Sciences	
	Total Score	Confidence Band [1]	Percentile Rank of Score [2]	Score	Percentile Rank of Score [2]	Score	Percentile Rank of Score [2]	Score	Percentile Rank of Score [2]	Score	Percentile Rank of Score [2]
04/05/2014	07	05 to 09	0%	03	2%	03	4%			01	1%

Notes

[1] Test scores, like other measurements, are not perfectly precise. The confidence bands that are shown for the Total Scores above mark the ranges in which your true scores probably lie. To obtain the confidence band for each section score, subtract one point from and add one point to the score (or, in the case of the Writing Sample, subtract and add one letter).

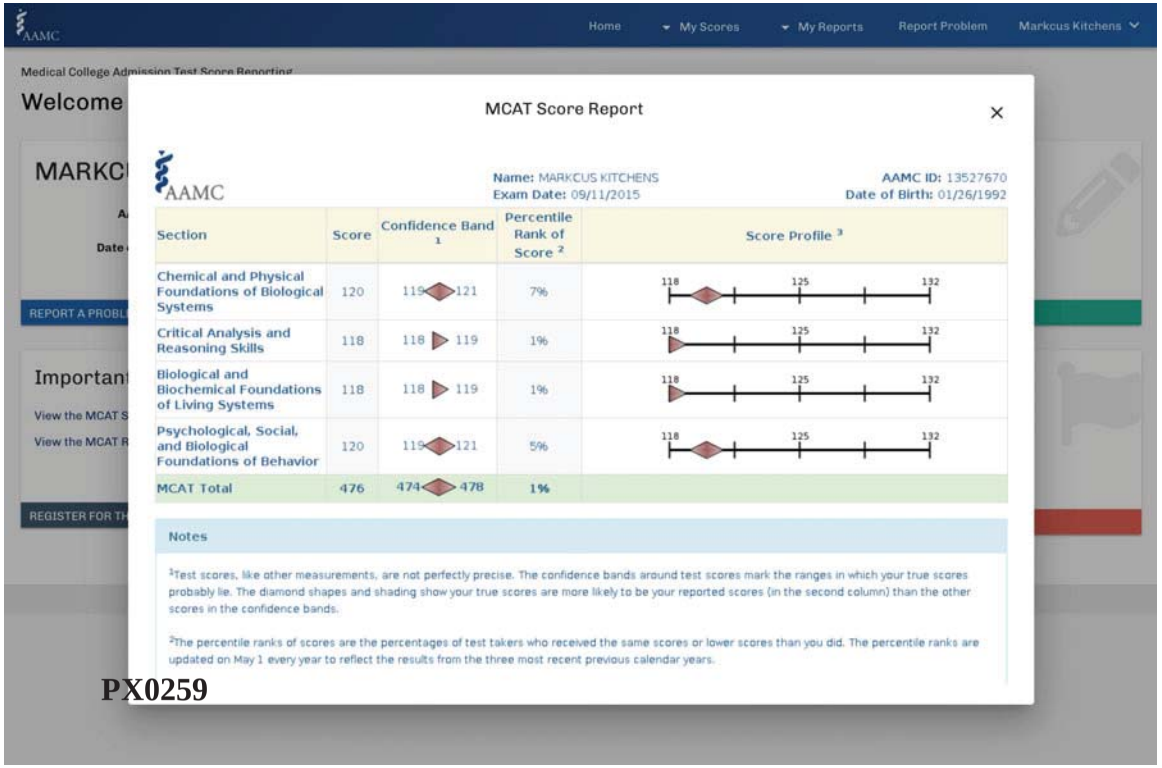
[2] The percentile ranks of scores are the percentages of test takers who received the same scores or lower scores than you did. The percentile ranks are based on tests administered from January 2012 through September 2014.

PX0258

EXHIBIT PX58

MCAT ® Home | AMCAS ® Home | Follow MCAT | Contact MCAT

Copyright © AAMC 2023 | 655 K Street, NW, Suite 100, Washington, DC, 20001-2399 | Contact Us | Follow Us | Supported Browsers | Web Accessibility | AAMC Terms and Conditions | Privacy Statement



PX0259

---------- Original Message ----------
From: disabilityservices@nbme.org
Sent: 1/6/2022 12:59:07 PM
To: markzwanz@gmail.com
BCC: disabilityservices@nbme.org
Subject : RE: RE: USMLE Step 1 USMLE ID#: 1-077-051-9

---------- Attachments ----------

---------- Email Body ----------

ref:_00D46pfBg._5004w2GTToP:ref

RE: Step 1 USMLE ID#: 1-077-051-9

Dear Markcus Zwanz Kitchens:

The National Board of Medical Examiners (NBME) processes requests for test accommodations on behalf of the United States Medical Licensing Examination (USMLE) program. We have received your request for test accommodations for the USMLE Step 1.

Before we can begin to review your request, please do the following:

- Have the appropriate official at your medical school complete a USMLE Certification of Prior Test Accommodations (CPTA) form (available at http://www.usmle.org/test-accommodations/forms.html).

- Please provide a copy of the American Association of Medical Colleges (AAMC) report of your scores for all administrations of the MCAT examination that you have taken (you should be able to access your MCAT scores from the AAMC's website, if you do not already have them available).

- Please provide a copy of your Comprehensive Basic Science Exam (CBSE), as per your appointment confirmation from Prometric that you submitted.

- Regarding your diagnosis of ADHD, please submit a comprehensive report of evaluation, if you have had any formal neuropsychological or psychoeducational testing done, as described in the USMLE Guidelines to Request Test Accommodations (https://www.usmle.org/test-accommodations/guidelines.html#guidelines-adhd). If you have not already done so, I strongly encourage you to review the USMLE Guidelines to Request Test Accommodations, which include specific guidelines for requesting on the basis of ADHD, and page 1 of the USMLE Request for Test Accommodations form for information on how to document a functional impairment.

- Regarding your diagnosis of Anxiety, please refer to the USMLE Guidelines to Request Test Accommodations (https://www.usmle.org/test-accommodations/guidelines.html#guidelines-psych-disorders) and submit a report of evaluation or treatment summary completed within the past six months to establish the extent of current impairment and need for accommodations at the present time.

Once we receive the above documentation, we will review your request. If necessary, we may contact you to request additional information.

All written correspondence regarding your request, including the decision letter, will be sent to you electronically via email. When our review is complete, you will receive an email from us with the decision letter attached as a pdf document.

If you have any questions about the review process, please feel free to contact me at (215) 590-9700 or reply to this e-mail.

[Elisea Hewitson - January 10, 2022]
Examinee: Kitchens, Markcus Zwanz
USMLE ID: 1-077-051-9
Exam: Step 1

---------- Original Message ----------
From: Markcus Kitchens [markzwanz@gmail.com]
Sent: 1/8/2022, 8:35 AM
To: disabilityservices@nbme.org
Subject: Re: USMLE Step 1 USMLE ID#: 1-077-051-9

Dear Elisea,

I'm a Medical Graduate and do not have the access to my alma-matar for them to complete the CPTA form. I'm not sure why all of these steps are necessary if I have provided NBME with legal documentation from my Physician, alone with medication list dating back over 4+ years concerning my disabilities. As a US citizen, this seems to be completely unjust and prejudice to us with disabilities to go through such task in order to have a fair chance at the exams. With that being said, All medical documentation from my physician with his contact information regarding my disabilities has been submitted, along with my documents of my CBSE with accommodations. Thank you and I looking forwarding to your reply.

Regards,

Thank you,

Markcus Kitchens Jr., M.D.

Email:Markzwanz@gmail.com

Sent from my iPad

> On Jan 6, 2022, at 12:59 PM, disabilityservices@nbme.org wrote:
>
> ?ref:_00D46pfBg._5004w2GTToP:ref
>
> RE: Step 1 USMLE ID#: 1-077-051-9
>
> Dear Markcus Zwanz Kitchens:
>
> The National Board of Medical Examiners (NBME) processes requests for test accommodations on behalf of the United States Medical Licensing Examination (USMLE) program. We have received your request for test accommodations for the USMLE Step 1.
>
> Before we can begin to review your request, please do the following:
>
> - Have the appropriate official at your medical school complete a USMLE Certification of Prior Test Accommodations (CPTA) form (available at http://www.usmle.org/test-accommodations/forms.html).
>

[Elisea Hewitson - January 10, 2022]
Examinee: Kitchens, Markcus Zwanz
USMLE ID: 1-077-051-9
Exam: Step 1

---------- Original Message ----------
From: disabilityservices@nbme.org [disabilityservices@nbme.org]
Sent: 1/10/2022, 8:32 AM
To: markzwanz@gmail.com
Subject: Re: USMLE Step 1 USMLE ID#: 1-077-051-9

Dear Markcus Zwanz Kitchens,

Thank you for your email and for sending your CBSE score report. This information has been added to your file.

We will begin our review of your request at this time. If any additional information is needed, you will be notified by email.

Please let me know if you have any questions.

Sincerely,

Elisea
Senior Disability Services Specialist
National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3102
215-590-9700
disabilityservices@nbme.org

---------- Original Message ----------
From: M Z [markzwanz@gmail.com]
Sent: 1/8/2022, 8:39 AM
To: disabilityservices@nbme.org
Subject: Re: USMLE Step 1 USMLE ID#: 1-077-051-9

Dr. M. Kitchens Jr.

> On Jan 6, 2022, at 12:59 PM, disabilityservices@nbme.org wrote:
>
>
>
> RE: Step 1 USMLE ID#: 1-077-051-9
>

---------- Original Message ----------
From: disabilityservices@nbme.org
Sent: 8/30/2022 4:01:56 PM
To: markzwanz@gmail.com
BCC: disabilityservices@nbme.org
Subject : RE: RE: USMLE Step 1 - ref:_00D46pfBg._5004w2SJqBU:ref

---------- Attachments ----------

---------- Email Body ----------

RE: Step 1 USMLE ID#: 1-077-051-9

Dear Markcus Zwanz Kitchens:

The National Board of Medical Examiners (NBME) processes requests for test accommodations on behalf of the United States Medical Licensing Examination (USMLE) program. We have received your request for test accommodations for the USMLE Step 1.

Before we can begin to process your request, you must do the following:

- Please provide new (documentation that we have not already reviewed), substantive documentation to support your request for additional testing time (1.5x) and additional break time. The documentation that was submitted was documentation we had reviewed previously. Ultimately, it is up to each examinee to determine what documentation they have available and would like to submit for our review. Generally, the more information that we have, the more informed decision we can make. Please feel free to share your previous decision letter with your treatment provider(s) or others if you feel they may be able to assist you in obtaining additional supporting information.

Once we are in receipt of new supporting documentation that we have not already reviewed, we will begin to process your request and submitted documentation. If necessary, we may contact you to request additional information.

All written correspondence regarding your request, including the decision letter, will be sent to you electronically via email. When our review is complete, you will receive an email from us with the decision letter attached as a pdf document.

If you have any questions about the review process, please feel free to contact me at (215) 590-9700 or reply to this e-mail.

Sincerely,

Jennifer

Disability Services Specialist

National Board of Medical Examiners
3750 Market Street
Philadelphia, PA 19104-3102
215-590-9700
disabilityservices@nbme.org

[Jennifer Cohen - August 31, 2022]
Examinee: Kitchens, Markcus Zwanz
USMLE ID: 1-077-051-9
Exam: Step 1

---------- Original Message ----------
From: Markcus Kitchens [markzwanz@gmail.com]
Sent: 8/30/2022, 4:30 PM
To: disabilityservices@nbme.org
Subject: Re: USMLE Step 1 - ref:_00D46pfBg._5004w2SJqBU:ref

Acknowledged, I have no new documents

Markcus Kitchens Jr., M.D.

Sent from my iPhone

> On Aug 30, 2022, at 4:15 PM, Markcus Kitchens <markzwanz@gmail.com> wrote:
>
> ?
>
> Markcus Kitchens Jr., M.D.
>
> Sent from my iPhone
>
> Begin forwarded message:
>
>> From: disabilityservices@nbme.org
>> Date: August 30, 2022 at 4:01:58 PM EDT
>> To: markzwanz@gmail.com
>> Subject: RE: USMLE Step 1 - ref:_00D46pfBg._5004w2SJqBU:ref
>>
>> ?
>>
>> RE: Step 1 USMLE ID#: 1-077-051-9
>>
>> Dear Markcus Zwanz Kitchens:
>>
>> The National Board of Medical Examiners (NBME) processes requests for test accommodations on behalf of the United States Medical Licensing Examination (USMLE) program. We have received your request for test accommodations for the USMLE Step 1.
>>
>> Before we can begin to process your request, you must do the following:
>>
>> - Please provide new (documentation that we have not already reviewed), substantive documentation to support your request for additional testing time (1.5x) and additional break time. The documentation that was submitted was documentation we had reviewed previously. Ultimately, it is up to each examinee to determine what documentation they have available and would like to submit for our review. Generally, the more information that we have, the more informed decision we can make. Please feel free to share your previous decision letter with your

[Molly Kassel - February 01, 2022]
Examinee: Kitchens, Markcus Zwanz
USMLE ID: 1-077-051-9
Exam: Step 1

Marckus called for a status update. I told him our approximate review time and he told me when he called before the person said it would be done within 3 weeks. I told him our review time for a new request is 1 -2 months. He asked why it takes that long and did not understand the timeframe and wanted me to explain the process. He also said it's inconvenient for him to keep reaching out to us for an update, and I told him if there's an update we will email him.

NBME *Intranet*

Role Profile Title: Disability Assessment Analyst I

Purpose: Process requests for test accomodations from customers using current diagnostic criteria for cognitive, learning, attention and psychiatric disorders.

Duties

Duty/Activity	Percentage of Time	Essential Function
Complete professional audit/review of requests for accommodations and supporting documentation for assigned cases. Identify and request missing documentation from examinee. Select appropriate consultant for external review of request as needed. Consult with Manager/Level 2/Senior Disability Assessment Analysts on final decision regarding appropriate test accommodations. Create custom correspondence communicating final decision to examinee.	70%	Y
Track status of assigned requests. Consult with analysts/Manager/Director as needed. Follow-up and resolve outstanding issues in a timely manner. Communicate test accommodations decisions to examinees within unit's service level agreement.	10%	Y
Communicate via oral and written communication current disability documentation guidelines and NBME/USMLE policy/practices to examinees, evaluators, medical school personnel, and others.	10%	Y
Serve as resource regarding disability issues for unit staff. Provide subject matter expert customer service for escalated issues.	5%	Y
Other duties as assigned by Manager.	5%	Y

Deliverables

Deliverables
Craft custom correspondence to examinees explaining information needed for requests with insufficient documentation.
After consulting with Manager/level II disability assessment analysts, craft custom correspondence to examinees explaining test accommodations decision.
Participate in the creation and implementation of departmental policies and practices related to examinee requests for test accommodations.
Participate in review and update of documentation guidelines and forms for requesting test accommodations.
Participate in resolution of examinee and evaluator questions and problems related to documentation requirements according to the policies and procedures of the Disability

EXHIBIT
PX64
exhibitsticker.com

Services Office. Provide subject matter expert customer service for escalated issues.
Gather, analyze, and report data for routine and/or special projects and other duties as assigned by manager.

REQUIREMENTS
Skills and Abilities

Experience

Education

Certification

Designation(s):
Reason(s):

Flexible Work Eligibility
None

Factor 1: Guidelines

Factor 2: Knowledge

Factor 3: Complexity

Factor 4: Freedom to Act

Factor 5: Scope and Effect

Factor 6: Contacts

Factor 7: Supervision/Management
Supervision:

Operating Budgets:

Factor 8: Physical Demands

Top of Page

This profile was last modified 4/3/2023 by Laura Stafford

NBME *Intranet*

Role Profile Title: Disability Assessment Analyst II

Purpose	Processes request for test accomodations from customers using current diagnostic criteria for cognitive, learning, attention and psychiatric disorders. Serve as resource regarding disability issues for unit staff. Provide subject matter expert customer service for escalated issues.

Duties

Duty/Activity	Percentage of Time	Essential Function
Review professional documentation and other correspondence accompanying requests for test accommodations. Select appropriate consultant for external review of request as needed. Make final decision regarding appropriate test accommodations. Prepare appropriate custom correspondence communicating final decision to examinee.	60%	Y
Track status of assigned requests. Consult with analysts/Manager/Director as needed. Follow-up and resolve outstanding issues in a timely manner. Communicate test accommodations decisions to examinees within unit's service level agreement.	15%	Y
Serve as resource regarding disability issues for unit staff. Provide subject matter expert customer service for escalated issues.	10%	Y
Articulate to examinees, evaluators, medical school personnel, and others current disability documentation guidelines and NBME/USMLE policy consistent with amended ADA and current regulations.	10%	Y
Other duties as assigned by Manager.	5%	Y

Deliverables

Deliverables
Craft custom correspondence to examinees explaining information needed for requests with insufficient documentation and/or test accommodations decisions
Participate in resolution of examinee and evaluator questions and problems related to documentation requirements according to the policies and procedures of the Disability Services Office. Provide subject matter expert customer service for escalated issues.
Participate in the creation and implementation of departmental policies and practices related to examinee requests for test accommodations.
Serve as back up to Manager/Director for internal and external meetings as assigned.
Participate in review and update of documentation guidelines and forms for requesting

test accommodations.
Gather, analyze, and report data for routine and/or special projects and other duties as assigned by manager.

REQUIREMENTS
Skills and Abilities

Experience

Education

Certification

Designation(s):
Reason(s):

Flexible Work Eligibility
None

Factor 1: Guidelines

Factor 2: Knowledge

Factor 3: Complexity

Factor 4: Freedom to Act

Factor 5: Scope and Effect

Factor 6: Contacts

Factor 7: Supervision/Management
Supervision:

Operating Budgets:

Factor 8: Physical Demands

Top of Page

This profile was last modified 4/3/2023 by Laura Stafford

Role Profile Title: Disability Services Specialist

Purpose: Act as the primary contact person regarding test accommodations requests for assigned exam programs.

Duties

Duty/Activity	Percentage of Time	Essential Function
Run requested queries and reports to monitor status of requests and communicate with internal and external stakeholders as needed. Review and update existing written departmental procedures regularly and work with management to develop new procedures as needed.	10%	Y
Review, process, and approve requests for Additional Break Time/Standard Test Time, Requests for Accommodations Previously Approved, Personal Item Exceptions with minimal supervision and submit for Quality Control review. Escalate to Manager as needed.	25%	Y
Coordinate delivery of approved test accommodations for assigned exam program candidates with exam delivery vendor and other internal and external contacts; troubleshoot problems with senior specialist and escalate to manager as needed. Communicate resolution to staff and examinees in a timely manner.	10%	Y
Categorize all documentation received from examinee and create examinee file. Organize documentation and ensure proper and completed documents are submitted; deliver file to next stage of processing; electronically distribute file to auditor for review. Securely maintain all documentation.	25%	Y
Act as the primary contact person regarding test accommodations requests for assigned examinees. Provide expert customer service via telephone and written correspondence. Effectively communicate Disability Services' policies and guidelines regarding requests for accommodations to internal and external customers. Document all verbal and written communication with examinee. Escalate calls or emails that require additional support to the senior specialist and/or the manager as needed for guidance and support.	30%	Y

Deliverables

Deliverables
Use skillful oral communication (active listening, speaking, and use of appropriate questions to enhance understanding) with internal and external contacts. Communicate policies, procedures, and requirements accurately and courteously to external and internal contacts. Accurately document verbal and written communication with examinees.

Provide outstanding customer service to examinees and other customers. Escalate and/or resolve questions and problems efficiently and professionally.
Data enter, organize and track assigned case load of requests for accommodations through to completion of process. Handle large volume of information and documents in a secure and sensitive manner.
Provide high-quality, accurate written communication to examinees including correspondence acknowledging receipt of their request; status updates; approved test accommodations; and e-mail response to examinee inquiries.
Communicate regularly with exam delivery vendors to coordinate the accurate and efficient delivery of approved test accommodations to examinees. Address problems or issues with delivery of approved test accommodation promptly as they arise and communicate the resolution to internal and external contacts including the examinee.
Appropriately handle confidential material submitted by examinees, with great sensitivity to protecting the privacy of our customers.
Securely maintain electronic and hard copy of examinee files and update binder status to ensure accurate tracking of file location.
Develop written policies and procedures and update as needed; recommend process improvements and best practices to management as needed to maintain efficiency of processes.
Effectively multi-task and manage competing priorities to meet deadlines and service level agreements. Perform other duties and participate in other projects as assigned.
Attend and participate in in-person and/or web-based training, workshops, courses offered in-house and in the community. Actively participate in the interviewing process and training of new unit employees.

REQUIREMENTS
Skills and Abilities
This position requires: outstanding oral and written communication skills, excellent attention to detail, the ability to multi-task and problem solve, ability to think and act independently, computer literacy and efficiency, knowledge of MS Office applications such as MS Word, Excel, and Outlook, training and experience using databases (specifically ORACLE), firm understanding of data management, thorough knowledge of NBME and USMLE policies and history, general understanding of the Americans with Disabilities Act (ADA) as it relates to testing agencies.

Experience
2 or more years

Education
Bachelor's degree

Certification
Not required
Designation(s):
Reason(s):

Flexible Work Eligibility
Primary Remote* — role generally does not require onsite work more than an average of 2-3 times per month and may require additional prescheduled onsite work such as committee meetings

* **Please note:** job/individual eligibility may vary based on unit and/or business needs

Factor 1: Guidelines
A number of guidelines may apply, and the employee must use judgment to select the most appropriate guidelines and adapt as required. Situations in which the appropriate guidelines are unclear or that may require significant deviations from the available guidelines are referred to the supervisor.

Factor 2: Knowledge
Basic knowledge of applicable rules, procedures, and practices is required to carry out routine assignments.

Factor 3: Complexity
The work consists of duties that primarily involve related steps, processes, or methods. The decision regarding what needs to be done requires some discretion and involves various choices requiring the employee to recognize a few different but easily discernable situations. Actions to be taken or responses to be made differ depending on the specific situation.

Factor 4: Freedom to Act
The supervisor makes assignments by defining objectives, priorities, and deadlines and assists the employee with unusual situations. The employee independently plans and carries out assignments and handles deviations in accordance with guidelines. Completed work is usually evaluated for technical soundness, appropriateness, and conformity to policy and requirements.

Factor 5: Scope and Effect
The work involves executing specific rules or procedures in treating a variety of conventional problems, questions, or situations in conformance with established criteria. The work product affects the accuracy, reliability, or acceptability of further processes or services.

Factor 6: Contacts
This position requires moderately structured written, verbal, or in-person communication with internal staff or external contacts to plan, coordinate, or advise on shared work goals or resolve problems.

Factor 7: Supervision/Management
Supervision: No supervisory responsibility.

Operating Budgets: None.

Factor 8: Physical Demands
Work is performed is in an office setting requiring the safe use of typical office equipment. Mostly sitting but may require some standing, bending, carrying, light lifting, and/or reaching.

Top of Page

This profile was last modified 5/31/2022 by

Download Form

Reconsideration Request for Test Accommodations

If you submitted a request for test accommodations and received our written decision letter, you may request that we reconsider our decision for the same Step exam registration(s).

Download Form

Request Additional Break Time Only

Examinees with medical conditions, such as lactation/nursing mothers and those with diabetes may apply for additional break time/standard testing time by submitting the form below.

Download Form

Certification of Prior Test Accommodations

If you received test accommodations in medical school/residency, submit a completed Certification of Prior Test Accommodations form to the address below, along with your Request for Test Accommodations.

Download Form

What to Submit

- Legible copies of all documents, not originals
- Typewritten and signed letters and reports from professionals on their letterhead
- Complete reports with all pages, signed and dated